FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO MIDDLE 20 DATE OF DEATH MONTH 2h HOUR (TYPE OR PRINT) arykne 5 DATE OF BURTH 3 SEX 4 RACE 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR YEAR White Female BIRTHPLACE STATE OR FOREIGN BALTIMORE CITY OR COUNTY OF DEATH 76 CITIZEN OF WHAT COUNTRY MARRIED NEVER MARRIED COUNTRY York Pa DIVORCED [WIDOWED Anne Arundel County 10 CITY OR TOWN OF DEATH 1. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Housewife Pasadena North Arundel Hospita USUAL RESIDENCE LIF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13a STATE 136 COUNTY 113e STREET ADDRESS 13c CITY OR TOWN 13d INSIDE CITY LIMITS? Pas-dena Birch 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME FIRST MIDDLE LAST FIRST Markal inedinst Elizabeth 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT Birch Ave. (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Pasadena, Md 28-9767 Joseph APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH Enter only one couse per line for 10 . , and ic PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE 10 DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate couse 10', stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 DIVISION OF VITAL RECORDS, CERTIFICATION 19% CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 20g AUTOPSY? pr IN CERTIFYING CAUSES OF DEATH? YES [NO [NO Hygi 21g. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH burial-tr Mentol (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 19 21f LOCATION 5 21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC. CITY OR TOWN COUNTY STATE morked NOT WHILE WHILE AT WORK AT WORK 22a.1 certify that (1) (this beapital) attended the deceased from. march 6 198 sow the deceased alive on_ and that in (my) (ever) opinion death accurred on the date and hour and from the causes stated obove, (I) (we) (did not view the body ofter death 226. SIGNATURE DEGREE 22c. DATE SIGNED ± MEDICAL STAFF ATTENDING FUNERAL puld be deta PHYSICIAN DIRECTOR PHYSICIAN MPORTANT; 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRES 230 BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION 23b. DATE CITY OR TOWN COUNTY STATE Burial Ralto 24. FUNERAL DIRECTOR 103512 Frederick DHMH - 16 60M 1/75 .Truman Schwab.P.A. (VR A 15 (4)) Ave. 21229

STATE OF MARYLAND

		STATE OF MARYLAND		
W	FOR STATE REGISTRAR	DEPARTMENT OF HEALTH AND MENTAL HYD CERTIFICATE OF DEATH		5 3 2 1
	1. DECEASED NAME FIRST	MIDDLE LAST	REG. NO. 20. DATE OF DEATH MONTH D	DAY YEAR 2b. HOUR P
may be page 3 er death	DAISY	RACE IS. DATE OF BIRTH	March 28, 1	982 742 M
4 200	Famala 1	Cauci DAY YEAR	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER LYEAR IF UNDER 24 HRS
death. Page	70. BIRTHPLACE (STATE OR FOREIGN 76.	CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNTY	OF DEATH.
5 5 5 6 -	10. CITY OR TOWN OF DEATH 11.	NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION	126 USUAL OCCUPATION	12b. KIND OF BUSINESS OR
by the	Annapolis.	me Trunde Ten, Hosp,	Tomemaker	HOM &
24 hau filled in suld be	13 COUNTY		13e. STREET ADDRESS	using House
d 2 sh	IA PATHER I NAME	15. MOTHER'S MAIDEN NA	AME MIDDLE	asing House
d o o	160 WAS DECEASED EVER IN U.S. ARMEI	process 166 SOCIAL SECURITY NO. 17 INFORMANT	ADDRESS	raham
on and c	(YES INCOR UNKNOWN) (IF YES, GIVE WI		se Rogers Ed	15 Hillside Dr.
ficate I physicia ipapers naval. ent, the	PART I. DEATH WAS CAUSED B		4	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
6 6 0	\$ 4100 IMMEDIATE C	DUE TO, OR ANA CONSCIUENCE OF		1 mmaria
offe ove stion	Conditions, if ony, which gove rise to immediate	16) Hente myocardial info	retion	/day-
ed by the lease rem ial, crema ar ather to	couse (a), stating the underlying couse last.	DUE TO, OR AS A CONSEQUENCE OF		
signed Then ple to burio njury, or		DITIONS <u>CONTRIBUTING TO DEATH</u> BUT NOT RELATED TO THE TERM	MINAL DISEASE OR CONDITION GIVE	N IN PART 1(0)
	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196. CONDITION FOR WHICH OPERATION WAS PERFORMED	200. AUTOPSY? 20b. IF YES,	WERE FINDINGS USED
rate has beer ransit permit Hygiene prior	21g. ACCIDENT WAS UNDERLYING	216 TIME OF INJURY 1216 HOW INJURY OCCUR	YES NO YES	
ding physical as certificate burial-transit Mental Hygia or Item 18 sho	OR COLUMN THE CALLER OF DE CALLE	HOUR A.M. MONTH DAY YEAR P.M. 19	KED (ENTER NATURE OF INJURY IN ITEM 18 PA	RT (OR PART 2)
o A bus	CITE EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE NOT WHILE	216. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 211. LOCATION STREET	CITY OR TOWN	COUNTY STATE
ar aff	220.1 certify that (I) (this haspital)	ottended the deceased from	10 March 28	982 that (I) (we last
Spil CTC d fo	above, (1) (wa) (did) (did not) vi		death occurred on the date and hour	
the control of the co	22b SIGNATURE	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	22c. DATE SIGNED 1987
- 0 111 0 10 -	22d. PHYSICIAN'S NAME (TYPE OR PRI	NT) 22e. ADDRESS	11 1	1
TO FUNE shauld be with the	230 BURIAL, CREMATION, REMOVAL 2	3b. DATE 128 M.V. HUNG PO	1/15, Mary land	
BP	Burial	Nar. 31,1982 Mayo Memorial	May b	Cans Lat
MH-16 30M 2/80 (VRA 15, 4)	John M. Taylor E.	Son S-Anna solis Mil	TANC'D BY RECULT RAR 255 ME COM	AN PONATURE
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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REGISTRAR		CER	TIFICATE OF DEATH	REG. NO	O		
DECEASED NAME FIRST	A	MIDDLE	LAST	20 DATE OF DEATH	MONTH DAY	YEAR 2b	HOUR
Haro	ld i	W. Bald	lwin	3/19/82			8:30 M
I. SEX	4 RACE		TE OF BIRTH	6 AGE (IN YEARS LAST BIR			UNDER 24 HRS
Male	White	e 4,	/16/22 PEAR	59	YRS.	S DAYS HC	JURS MIN.
O. BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY? 8	RRIED TO NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY OF D	EATH	
Penn.	U.:		OWED DIVORCED	an Anne	Arundel	County	MD.
Pasadena	(IF NOT IN SUC	HOSPITAL, NURSING HO/ H FACILITY, GIVE STREET ADDRESS Belhaven Bea		120 USUAL OCCUPATI (TYPE OF WORK FOR MOST O	F WORKING LIFE) IN	b. KIND OF BUILDUSTRY USed Ca	
JSUAL RESIDENCE (IF NURSING HOME) 30. STATE 13b. CC	E OR OTHER INSTITUTION.			13e STREET ADDRESS	haven Be	each Ro	đ.
I. FATHER'S NAME FIRST Harry	MIDDLE	Baldwin	15 MOTHER'S MAIDEN NAM Stella	Maude	Gra	ay LAST	
O. WAS DECEASED EVER IN U.S. (YES, NO OR UNKNOWN) Yes	ARMED FORCES? GIVE WAR OR DATES) WW2	16b SOCIAL SECURITY N 181-14-395	Floanore (S	pouse) ^{ADDRE} Baldwin 79	sadena, 17 Belha		21122 each Ro
	e Lachex		BUT NOT RELATED TO THE TERM	200 AUTOPSY?	20b. IF YES, WEF	RE FINDINGS	
				YES T NOT	IN CERTIFYING YES		DEATH?
210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER, NOTIFY MEDICAL EXAM WHILE NOT WHILE AT WORK AT WORK AT WORK	NINER) HOUR A./	m. month day ye m.	19 211. LOCATION	RED (ENTER NATURE OF INJUI		OR PART 2)	STATE
220.1 certify that (1) (this has sow the deceased alive above, (1) (we) (did) (did) 22b SIGNATURE	on 2	ofter death. 19 52.	DEGREE ATTENDING _	death occurred on the do	F		
220. PHYSICIAN'S NAME (TY M.S. DIE	PEORPRINT)	1.7(15.10)	22e ADDRESS	Maryland		tal.	
	1001-111		ich, I'	1 poll	med	11192	120)

BP. DHMH-16 30M 2/80 (VRA 15, 4)

Anatomy Board

Baltimore, Maryland

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FOR STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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	REGISTRAR		CERTIFICATE OF DEATH	REG. NO.		
7	1. DECEASED NAME FIRS	T MIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 2b	HOUR
100	Ca	rroll U.	Ball	3 2	282 3	:30 AN
	3. SEX	4 RACE	5 DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)		UNDER 24 HRS
3	Male	White	Jan. 12,1890	92 YRS.		, mile.
37	7a BIRTHPLACE ISTATE OR FOREIG Maryland	76. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNT	***	
otified	10 CITY OR TOWN OF DEATH Glen Burnie	11. NAME OF HOSPITAL, NURSII NE NOT IN SUCH FACILITY, GIVE STREET North Arundel	NG HOME OR OTHER INSTITUTION	Anne Arundel 12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LI		USINESS OR
See See	USUAL RESIDENCE (IF NURSING HO	ME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE OUNTY CO. 124 CITY OR TOV	RE ADMISSION)	Retired Pressi		1
021	William	MIDDLE Ball LAST	15 MOTHER'S MAIDEN NA Mary	Russell	LAST	
medico	160 WAS DECEASED EVER IN U.	5. ARMED FORCES? 16b. SOCIAL SECTION 213-03-1		1, same as 13 a-e		· 61
r other troumotic event, the	PART I. DEATH WAS C.	DUE TO, OR AS A CONSEQUE DUE TO, OR AS A CONSEQUE DUE TO, OR AS A CONSEQUE	x	APPROXIMAT BETWEEN ONSE	I AND DEATH	
ws ony injury, o	PART 2 OTHER SIGNIFICA 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYIN	tiple Cerel	DEATH BUT NOT RELATED TO THE TERM TOWN WAS PERFORMED	200 AUTOPSY? 200. IF YES	S, WERE FINDINGS FYING CAUSES OF	USED DEATH?
orked or them 18 sho	210. ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE (IF EITHER NOTHY MEDICAL EXA WHILE NOT WHILE AT WORK AT WORK	DE DEATH HOUR A.M. MONTH D. P.M. 21e. PLACE OF INJURY	19 21f. LOCATION	YES NO YE		STATE
MPORTANT: If them 21 is mo	27a I certify that (1) (this sow the deceased almobove, (1) (we) (d) (1) (d) 22b. SIGNATURE	LYPEOR PRINT)	DEGREE ATTENDING PHYSICIAN LE	MEDICAL STAFF DIRECTOR PHYSICIAN	22c. DATE SIG	NED
MPOR	tavi	Khodes M	- 00/0	ruffn Cent	e Cy	ta
	230 BURIAL, CREMATION, REMO		estern Cemetery	Baltimore, Md	COUNTY	STATE

DHMH - 16 50M 1/81 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR, After this certificate has been signed be should be detached for use as the burial-transit permit. Then pleas with the State Dept. of Health and Mental Hygiene prior to burial.

Beall Funeral Home, 1212 West St., Annp., Md.

250 DATE REC'D. BY REGISTRAR 256 DEGISTRAR'S SIGNAL SIGNAL

Certoll all. A CONTRACTOR OF THE CONTRACTOR [[-8 edulis. April 133 and I define the the term of t rem year bentation of fasteres and delivers describe entre maid . The same of the one of the same all a late of the things and THE PERSON NAMED IN . St. second Law St. St. Visitorial Strategic St. St. Visitorial Seal Lange Lotte, 1212 ees at., Seat. Lange

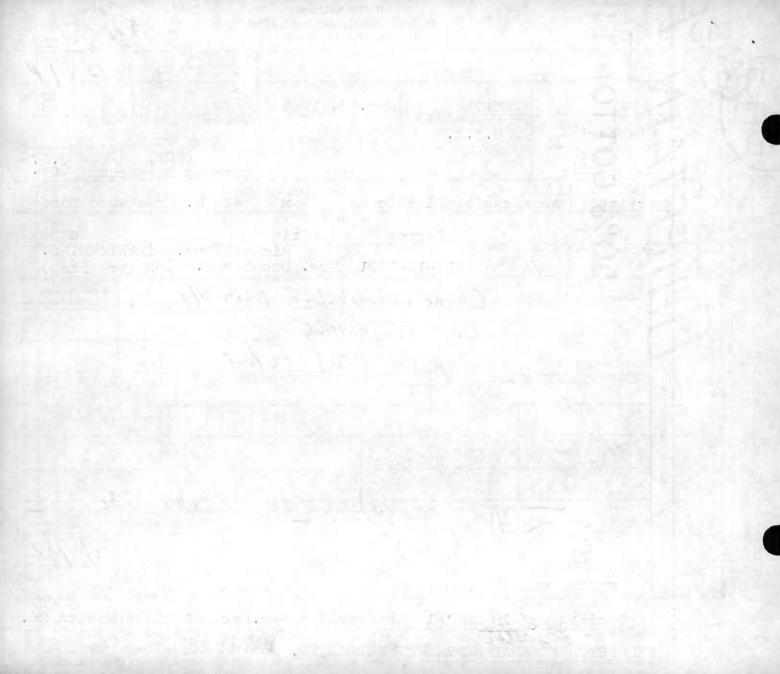
STATE OF MARYLAND

	1.	STATE REGISTRAR			DEPART		ICATE OF D			REG. NO.		3 .	EST
		CEASED NAME	FIRST	٨	AIDDLE		LAST		20 DATE OF DE		NTH [DAY YEAR	2b HOUR
	(1468	OR PRINT)	ORVI	LLE KI	EMP	RAP	NES			-	3 /	1782	110
	3 SE	X	VICE	4 RACE		5. DATE C	OF BIRTH		6. AGE (IN YEAR	S LAST BIRTHD		IF UNDER I YEAR	
	3	MALE	100	WHIT	E	Nov		901 ^R	80		YRS	MONTHS DAYS	HOURS MIN.
1	70 B	RTHPLACE (STATE OR F	OREIGN		WHAT COUNTRY?	8 MARRIE	DE NEVER M	APPIED []	9 BALTIMORE	CITY OR C		OFDEATH	
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1	10 C	ITY OR TOWN OF DEA	АТН		OSPITAL, NURSIN H FACILITY, GIVE STREET		OR OTHER INSTI	ITUTION	120 USUAL OC	KREI	ORKING LIF	126. KIND (
7		LEN BURNIE			H ARUNDE		PITAL		Custon	ns Ir	ıspe	ector	Gov.
6	13a S	AL RESIDENCE (IF NURS STATE aryland	136 COUN	ITY	13c CITY OR TOW 11 Lint	/N .	136 INSIDE CI	TY LIMITS?	13e. STREET ADD 429 V	RESS G1	ceer	nwood	Road
2)	14 FA	THER'S NAME		MIDDLE	LAST	-	15. MOTHER'S	IDC F		NDDLE			
		Joe			Barn	es		ffie					emp
		VAS DECEASED EVER		MED FORCES?	166 SOCIAL SECU		17 INFORMAN	Mic Mic	hael Av	7 €DRESS	Jint	hicum	,Md.
		NO	N/	A	219-12	-/32	Mrs	. Dor	othy J	Wir	ın (Daugh	ter)
		18 CAUSE OF DEATH PART I. DEATH W	H (Enter on AS CAUSEI	Ó BY	ing for (a), (b, and	BS	TRUCTI	VE P	win f	11		BETWEEN	XIMATE INTERVAL ONSET AND DEATH
		4287	IMMEDIAI	DUE TO, OF	AS A CONSEOU	0							
		Conditions, if ony,		(b)_(ORP	ULM	ronALL	=					
	-	gove rise to imm cause (a), stating	g the	DUE TO, CA	AS A CONSEQUE	ENCE OF	110. +	I	100				
		underlying cause		(c)(onge To	ue 1	Heley	1411	rust		7.5		
	z	PART 2 OTHER SIGN	VIFICANT C	ONDITIONS CC	NTRIBUTING TO I	DEATH BUT	NOT RELATED	TO THE TERM	INAL DISEASE O	RCONDITI	ON GIVI	EN IN PART 1	a
a	CERTIFICATION	190. DATE OF OPERAT	TION	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFOR	RMED	20a AUTOPS			, WERE FINDI	
7	TIFIC								YES N		CERTIFY YES	YING CAUSES	S OF DEATH?
A	CER	210. ACCIDENT WAS UND		216. TIME OF	INJURY	AV VEAD	21c. HOW INJ	URY OCCURR	ED (ENTER NATURE	OF INJURY IN	ITEM 18 P	ART 1 OR PART 2}	
	CAL	OR CONTRIBUTING C		in .		19							
	MEDICAL	21d. INJURY OCCURR		21e. PLACE C	OF INJURY	ARM FIC)	21f. LOCATION	N	C	ITY OR TOWN		COUNTY	STATE
	<	AT WORK AT WOR	ILE C					2.		1.		7	State State
		22a.l certify that (1)		all othersed the	deceased from 7	12 3	112	. 1982	, ta	3/1)		19	that (I) (we) las
		saw the decease abave, (I) (we id		view the Gody	after defish.	-		opinian o	death accurred o	n the date	and hour	r and from the	causes stated
		276 SIGNATURE	1	Wa	3 M)		TENDING HYSICIAN	MEDICAL DIRECTOR [STAFF PHYSICIAN	۷ .	3/1	7/12
1		22d. PHYSICIAN'S NA	AME (TYPE OF	PRINT)			22e ADDRESS		OAKWOOD			03	
	1	ELLIOT	T GOR	BATY, M	.D.				BURNIE.				
		URIAL, CREMATION, I	REMOVAL	23b. DATE			EMETERY OR CI	REMATORY	23d LOCATIO)N			2 41472
		Burial	0 1	20 M	AR'81	Mead	owridg	e Mem	·Park	Elkr:	rdge	e Howa	ird Ma.

DHMH - 16 50M 1/81 (VRA 15, 4)

IMPORTANT: If he

FUNERAL HOME, GLEN BURNIE, MD



STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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REGISTRAR		CERTIF	ICATE OF DEATH	REG. N	0		
T DECEASED NAME FROM	Cla	the same of the sa	ETT. JR.	March 7	MONTH DAY	HAR EM-	2057
3.5EX	4. RACE	5. DATE C		6. AGE (PV TEARS EAST BE		ER I SEAR	# UNDER 24 HIS
Male	Whit	e Mai	ch 8, 1926	55	Ves.	Dark	HOURS? MAK.
Virginia	TE CITIZEN OF WHA	T COUNTRY? I.	D X NEVER MARRIED	ANNE ARUND			46.8
18 CITY OR TOWN OF DEATH	11. NAME OF HOSE	PITAL, NURSING HOME C		12s. USUAL OCCUPAT	ION 176	KIND O	F BUSINESS OR
GLEN BURNIE	NORTH A	RUNDEL HOSP	ITAL	Self-Emp	01.	Esta	Real
The state of the s	NTY III	inthicum	YES NOX	311 East	Maple	Roa	ad
Edward	Ĉ. B	arrett Sr.	Is mothers maiden na Loretta	WE	The state of the s	Mc N	
INE WAS DECEASED EVER IN U.S. A (1951 NO OR UNKNOWN) 19 10 10 N	IVE SWAR DIR DIATESS	16.20.0308		ife) ADDR P. Barret	Same	e as	# 13
Conditions, if boy, which gave rise to immediate course out storing the underlying course lost. PART 2 OTHER SIGNIFICANT 1% DATE OF OPERATION TIB. ACCOUNT WAS UNDERLYING	DUE TO, OR AS	A CONSEQUENCE OF	tule	INAL DISEASE OR CON	DITION GIVEN IN 200, IF YES, WER IN CERTIFYING	EFINDIN	GS USED
The vectoral may implement and in a mode of the first on the contraction of the first one o	HOUR A.M. FI P.M. 21st PLACE OF IN	MONTH DAY YEAR 19	THE LOCATION SHEET	land had	ET THIRD LE PART LOS	PART 2)	
22s.1 certify that (1) (this hosp says the deceared alive or above, (1) (westerned) (did no 22b. SIGNATURE	3-5	death.	d that in (my) (our) opinion of the control of the	death accurred on the di	(F		CALL STORY SEED
JACK STERM	V. M.D.		300 HOSPI	TAL DRIVE	GLEN B	URNI	E, MD
The Burnal CREMATION, REMOVA Rurial THE FUNERAL DIRECTOR MANUE Singleton	11 Mar.	32 Glen H	aven Mem. P Burnie		Burnie 25h Richery	A A	MD. Weither

DHMH-16-50M 1/81 (VRA 15, 4)

to FUNERAL DIRECTOR. A chauld be detuched for one with the Stone Dept. of Heal MPORTANT, If he

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DHMH - 16 50M 1/B1

(VRA 15, 4)

- STATE

(TYPE OR PRINT)

REGISTRAR I. DECEASED NAME

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 20. DATE OF DEATH Bartholf 20-82 5 DATE OF BIRTH IF UNDER I YEAR 6. AGE (IN YEARS LAST BIRTHDAY) IE LINIDED TA HO 24- 1906 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Anne Arundel WIDOWED DIVORCED [12b. KIND OF BUSINESS OR Naval Ord. Lab U.S. GOV. Ret North Arundel Hospital 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13th St. Bowie 15. MOTHER'S MAIDEN NAME Jackson Minnie Baragar 298 Whitneys Landind Re 166 SOCIAL SECURITY NO. 17. INFORMANT 578-05-8890 Trene Linkins Crownsville, Maryland RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 21f LOCATION CITY OR TOWN STATE (AT HOME, STREET FACTORY, OFFICE FARM, ETC.)

HOUR A.M. MONTH DAY YEAR

5 2 and that in (my) (our) ppinion death occurred on the date and hour and from the causes stated

DEGREE 22c DATE SIGNED consultan

ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN

22e. ADDRESS Glenn Burnie 17845 Oakwood S. 200 Md.

23c. NAME OF CEMETERY OR CREMATORY Pr. Geo Md. Ft. Lincoln Brentwood Cremation

Home 16.000 Annapolis Ro. Bowie, Md.

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	3001 -12	ine l'axi	50.3	Esmaile
Anne Arunne I	M. History	.4.	2.0	Michigan
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Jackson 208 Whitneys Landing R	Minale	TADETES		311-8
sins Cromsville, Marylane	011 50511 DRB	878-05-B		ell.
wood S. 200 (No.	Jans Oak		. Schwart	A SIME
Brentwoor Pr. Geo Mr.	Lincola owie, Mr.	22-82 Ft. Neral Home 2011s Pc. 8	3-8 3-11 Fun 2-11 Fun	Cremeti 16,

	- 1	1						OF MARYLA					140	,	
	3		FOR STATE			DEPARTME	NT OF HE	ALTH AND	MENTAL HY	GIENE	AP.	0	3	3 3	5
			REGISTRAR		ME	DICAL EX	AMINER	'S CERTIF	ICATE OF	DEATH	P	EG. NO.			
	Α	V. DE	EASED NAME	FIRST		MIDDLE		LAST		20 [ATE KNO		NTH DAY	YEAR	2b. HOUR
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al al	2 E 5 E	3. SEX	4. RACE	5. D.	ATE OF BIRTH		AGE (IN YEARS.	IF UNDER 1 YR			DATE	MOM	YAQ HTV	YEAR	2d. HOUR
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S C S C I I I	ARDED GE 3 S (TE DEP	2	WHILE NOT W	HILE -	STREET, FAC	TORY, FARM, ETC.)		STREET		CIT	OR TOWN		COUNTY		STATE
王多	PAGI STATE		AT WORK AT WO	₹K											1/4
⊢	() 20 (1)		22a. I certify that I to	ok charge of th	he remains des	scribed obove, 1	neld on	Autopsy .	Inspection	J. Ir	quiry ,	ond in m	ny opinian		
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CAL	RAIL RAIL RE, A		SIGNATURE	mean	11/11/			_M.D	pury	MEDICAL	EXAMINER	SK	GNED	13/	
Ö T	A M M O	100	EXAMINER'S NAME	FI.		_			11		1	10	,		
₹2	PAGE 4 SHOULD BE TO FUNERAL DIRECT AFTER DEATH, WITH BALTIMORE, MARYLA	-	(TYPE OR PRINT)	- · L/ W/	4ARD	1	777.	ADDRESS	your	u ch	165	All			
5 3	A D A A	23a. BU	IRIAL, CREMATION, REA	NOVAL 23b. DA	ATE	23c. NAM	E OF CEMET	RY OR CREMA	TORY	23d LOCAT	ION		COUNTY	074	TE
BP		13	Burial	3/5	/1982	Glo	n Have	n. Mom.	Panb	Glan	B	Anno	Ann	del .	Md
		24. FU	INERAL DIRECTOR		, , , , , ,	D	adena.	A4 1	25a. DATE RE	C'D. BY REC	ISTRAR 25	REGISTIAL	SUGNE	TAN	U
	HMH - 17 A15 ME (5))	Ma	NAME 11. I U	M	ADDRESS	T. 1 AI		Md.			82 8/	unces)	franci	baster.	
15	5M 7/77	1116	Cully 1. 11	· moun	tian &	ILCR NE	eck Rd	.21122	MAR	4. 10	02 91				

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 2a DATE OF DEATH 26 HOUR (TYPE OR PRINT) 25 Lula 13 a. rwe 4 RACE 3 SEX 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF LADER I YEAR IF UNDER WILLIAMS 85 FEMALE 20-TO BIRTHPLACE I STATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY) OHID WIDOWED DIVORCED [ANNE ARUNDLE 10. CITY OR TOWN OF DEATH 1. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 126. KIND OF BUSINESS (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY HAMMONDS LANE NURSING HOME HOUSEWIFE JOUAL RESIDENCE (IF NUR 13g. STATE 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e. STREET ADDRESS NEW V 84 MAYVILLE AVENUE ENMORE NO D 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST MIDDLE LAST MIDDLE UIT GARD BORKER 160 WAS DECEASED EVER IN U.S. ARMED FORCES? **ADDRESS** 166 SOCIAL SECURITY NO 17 INFORMANT 420 LYMINGTON COURT (YES NO OR UNKNOWN) (IF YES GIVE WAR OR DATES) ITH LECKSELL SEVERNA PARK, MD 2114 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH Enter only one couse per la PART I. DEATH WAS CAUSED BY-IMMEDIATE CAUSE (o DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate couse to, stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause TRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO YES [210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 21d. INJURY OCCURRED 211. LOCATION 5 21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FARM ETC.) CITY OR TOWN STREET COUNTY STATE AT WORK NOI WHILE AUGUS 22a.1 certify that (1) (this hospital) attended the deceased from _ to MARCH 24 deceased alive on MARSH 24 ga, and that in (my) (our) opinion death accurred on the date and hour and from the couses stated (1) (we) (did) (did not) view he body ofter death DEGREE 22c. DATE SIGNED ATTENDING & MEDICAL STAFF DIRECTOR PHYSICIAN MPORTAN 22e ADDRESS 606 HAMMONDS LANE

DHMH - 16 50M 1/81 (VRA 15, 4)

ld b

23a BURIAL

23c NAME OF CEMETERY OR CREMATORY

BROOKLYN PAK

ERIE

24 FUNERAL DIRECTOR ARZULLO FUNERAL SERVICE

REISTERSTOUN, MD

Mustrale of history They want Didde Meterial Stewarts of

	B		FOR	DEPA	STATE OF MARYLAND RTMENT OF HEALTH AND MENTAL I	TYGIENE 8 9 0	Aug 7
			STATE REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	EST
	and a		CEASED NAME FIRST	WIDDLE	LAST	2a. DATE OF DEATH MONTH	DAY YEAR 25 HOUR
		7	VERA	М.	BEHRENS	MARCH 9, 19	82 6:28 m
	(M)	3 SE	Female	4 RACE White	5. DATE OF BIRTH AUG. 18. 1894	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER LYEAR IF UNDER 24 HRS
		7a. B	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTR		9 BALTIMORE CITY OR COUNT	V OF DEATH
	Jeath.		Md.	U.S.A.	MARRIED NEVER MARRIED WIDOWED DIVORCED	ANNE ARUNDE	
-	ofter on the fulled with led w	10. C	GLEN BURNIE	11. NAME OF HOSPITAL, NUR (1F NOT IN SUCH FACILITY, GIVE STR NORTH ARI	SING HOME OR OTHER INSTITUTION EET ADDRESS! HOSPITAL	170 USUAL OCCUPATION (TYPOOF WORK FOR MOST OF WORKING I	12b. KIND OF BUSINESS OR MOUSTRY
2120	ours be fi	USU	AL RESIDENCE HE NURSING HOME OF	OTHER INSTITUTION, GIVE RESIDENCE BER	ORE ADMISSION)		21226
BALTIMORE, MARYLAND 2120	filled hould b	_		Arundel Balto	YES NO	420 Carvel Bear	ch Rd. Balto. Md.
ARY	d with a	14 F	THER'S NAME	MIDDLE LAST	15. MOTHER'S MAIDEN	NAME	△ LAST
W.	5 0000000000000000000000000000000000000		Howard	c. (and		J.	Price
ORE	e execu		VAS DECEASED EVER IN U.S. AR	MED FORCES? 16b SOCIAL SE	100	ADDRESS	
LIIN	rs. Pe		140 -		-6390 William 4.	Behrens, same as	
, 8A	ficate pape pape paval paval	133	18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE	nly one cause per line for la), (b). D BY.	and contract Link	Fall	SELME - CONTILL SHERVER
TS Z	certificant plant		I/ I/ C IMMEDIAT	TE CAUSE (a)	MACAGORI	rayang	wh
TO	tendi e co on, o		4148	DUE TO, OR AS A CONSEC	DUENCE OF LAND	DATA	Unven
PRE	mov motic	1	Conditions, if ony, which gave rise to immediate	(b) - 7 - (A)	wie worrio rog o	- why	Jevis
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST.,	that the by the sose recol, crer		couse (a), stating the underlying cause last.	DUE TO, ORAS APPONSED	DUENCE OF GYPLLY AND	Cy Dispase	Hem
05, 20	signed hen ple to buric tjury, o	z	PART 2 OTHER SONIFICANT	CONDITIONS CONTRIBUTING T	O DEATH BUT NOT RELATED TO THE TE	ERMINAL DISEASE OR CONDITION GI	VEN IN PART 1
ORI	o T	ATIO	190 DATE OF OPERATION	LIA CONDITION FOR WHI	CH OPERATION WAS PERFORMED	AUTODOVA TOD IF VE	C WEDE ENIDALOS
L REC	no. hos be permi ene pri	CERTIFICATION	THE DATE OF GREATION	176 CONDITION FOR WHI	CH OPERATION WAS PERFORMED	IN CERT	S, WERE FINDINGS USED FYING CAUSES OF DEATH? ES NO N
AT.	hysiciar hysiciar icate h ransit p Hygier 18 shov	CERT	21a. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY	21c. HOW INJURY OCC	URRED (ENTER NATURE OF INJURY IN ITEM 18	
OF	20 - 10 -	_	OR CONTRIBUTING CAUSE OF DEA	1111	DAY YEAR		
ON	PHYSICI, and this certifice burial-id Mento	MEDICAL	21d INJURY OCCURRED	21e PLACE OF INJURY	21f. LOCATION	CITY OR TOWN	COUNTY STATE
IVIS	DING P or otter After the se as the alth and morked	Z	AT WORK AT WORK	(AT HOME STREET, FACTORY, OFFIC	E. FARM. ETC.)	CHITOKIOWN	A _
۵			22a.1 certify that (1) (this hospi	tal) attended the deceased fran		2, to 5.9	19 that (I) (we) last
	spital Spital STOR for us of He	113	saw the deceased alive an above, (1) (we) (did) (did)no	t view the body after death.	, ond that in (my) (our) opini	an death occurred on the date and ho	ur and from the couses stated
	OR ATT birectory birectory birectory Dept. of		23h SIMPLYATARE T	011.	DEGREE		22c. DATE SIGNED
	, - , - 0		11 Joy 1 7	up pysas	ATTENDING PHYSICIAN		2445
	HOSPITAL ned by the FUNERAL old be detected the State ORTANT:		THE PHYSICIAN AME (TYPE O	R PERSON	22e ADDRESS 325	Hospital Drive	#208
	ro HOSPITAL retained by to TO FUNERAL should be det with the State						land 21061
		23a E	URIAL, CREMATION, REMOVAL	23b. DATE 23	NAME OF CEMETERY OR CREMATOR	City on town	COUNTY STATE
	BP		Burial	3/11/1982	Glen Haven Mem. Pa		re Arundal Md.
	OHMH - 16 50M 1/81 (VRA 15, 4)	4.4	UNERAL DIRECTOR	ADDRES	Pasadena, Md. 250. [DATE REC'D. BY REGISTRAR 256. REGIS	TRAR'S SIGNATURE
	(**************************************	Me	cully t. H. Mou	intain & Tick N	eck Rds. 21122 N	MAR 12 1982 Page	is Van / arther

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STATE OF MARYLAND

Bennett 5. DATE OF BIRTH

WIDOWED

NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION

Baltimore

ennett

19b. CONDITION FOR WHICH OPERATION WAS PERFORMED

MONTH DAY YEAR

166 SOCIAL SECURITY NO.

LAST

DUE TO, OR AS ACONSEQUENCE OF

(AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TE

21b. TIME OF INJURY

PM

21e. PLACE OF INJURY

HOUR A.M.

MIDOLE

THE CITIZEN OF WHAT COUNTRY?

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

MARRIED ENEVER MARRIED

21f. LOCATION

22e. ADDRESS

STREET

ī	REG. NO.	ONTH DAY	YEAR	2b. HOUR	4
ett	March 13	1982		10:15	N
BIRTH	6. AGE (IN YEARS LAST BIRTH		UNDER 1 YEAR	IF UNDER 24 H	_
26, 1916 AR	65	YRS.	NTHS DAYS	HOURS MI	N.
Carrier warning	9 BALTIMORE CITY OR	COUNTY	F DEATH		
DIVORCED	Anne Arundo	el Cou			MD
OTHER INSTITUTION	120 USUAL OCCUPATIO	N N		F BUSINESS	OR
oad	Dye & Prin	t t	Balto	· Box	
13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS	Rivers	ide Ro	ad	
15. MOTHER'S MAIDEN NA	ME				
Maggie	MIDDLE		Judy	T	
17 INFORMANT	ADDRES	S			
Gladys J. E	Bennett San	ne as			
nonang occi	Genicin (M	(Z)	BETWEEN	MATE INTERVAL ONSET AND DEA	TH
role Carola	Vascular 2	usese	59	17	
1 aschure			109	1+	
NOT RELATED TO THE TERM	INAL DISEASE OR COND	ITION GIVE	N IN PART 1	a)	
WAS PERFORMED	20a AUTOPSY?	IN CERTIFY	WERE FINDS	OF DEATH?	
	YES NO	YES		NO [
21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	Y IN ITEM 18, PAI	RT 1 OR PART 2)		
NA LOCATION					

COUNTY

22c. DATE SIGNED

-16-82

STATE

00 0

CERTIFICATION

FOR - STATE

REGISTRAR

male

ID CITY OR TOWN OF DEATH B altimore

FIRST

ISTATE OR FOREIGN

Ing WAS DECEASED EVER IN U.S. ARMED FORCES?

PART I. DEATH WAS CAUSED BY:

Conditions, if any, which gove rise to immediate cause (a), stating the

underlying couse

190 DATE OF OPERATION

21d. INJURY OCCURRED

210. ACCIDENT WAS UNDERLYING

OR CONTRIBUTING T CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

NOT WHILE

Warren

13b. COUNTY

18. CAUSE OF DEATH (Enter only one cause per line for Ja

IMMEDIATE CAUSE (O

22a.1 certify that (1) (this hospital) attended the deceased from

above, (1) (and) (did not) view the body ofter death

sow the deceased olive on 3-/0-82

4 RACE

Anne Arunde

MIDDLE

White

I. DECEASED NAME

(TYPE OR PRINT)

To BIRTHPLACE

COUNTRY

13a. STATE

Maryland

14 FATHER'S NAME

3 SEX

pee ā TO FUNERAL DIRECTOR: should be detoched for us with the State Dept. of Hee MPORTANT:

BP		
DHMH - 16 25M		
(VR A 15 (4))	9/

Dr. R.V. Ran	
URIAL, CREMATION, REMOVAL BURIAL	
INERAL DIRECTOR Cully Funeral H	lome 237

2938 Saint	Paul St., Balto.,
Codan Hill Cometenu	CITY OR TOWN

Patapsco Ave.

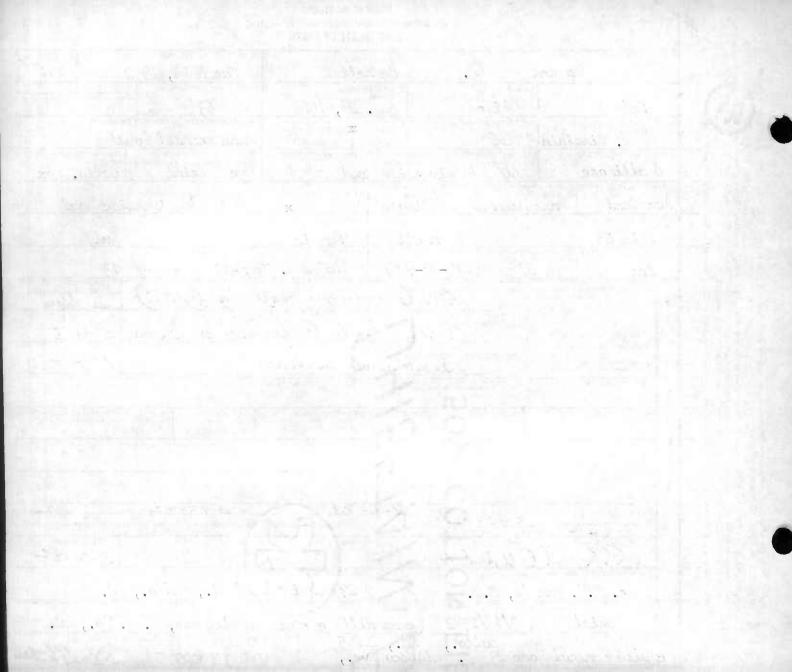
DEGREE

CITY OR TOWN

and that in (my) (out) opinion death occurred on the date and hour and from the causes stated

DIRECTOR | PHYSICIAN

ATTENDING MEDICAL PHYSICIAN DIRECTOR



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h	1	
1		

may be

ctor, page 3 s after death FOR - STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

NE	Businanne,	Brisda	1	
	REG NO			

	CEACED MINANE	FIRST	MIDDLE									-
	CEASED NAME	IMUI	WIDDLE		LAST		20. DATE OF DE	нтирм НТА	DAY	YEAR	26 HO	UR
TIAME	E OR PRINT)	Freid	a A.		Bieman	437		3	11	82	111	0
3. SE	X		RACE	15 D.	ATE OF BIRTH		6. AGE (IN YEARS	AST BIRTHDAY)	IF UP	DER I YEAR	IF UNDE	R 24 H
					MONTH DAY	YE AR	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		MONI		HOURS	M
	Female		White		8 30	13	68	YR				
7a. BI	IRTHPLACE (STATE C	OR FOREIGN 7b.	CITIZEN OF WHAT CO	OUNTRY? 8.	RRIED TO NEVER	MARRIED -	9. BALTIMORE C	ITY OR COU	NTY OF	DEATH		
epon.	oone.N.C		U.S.A.			MORCED	Anne	Arund	e1 0	ount	tv	
	ITY OR TOWN OF D		NAME OF HOSPITA	L, NURSING HO	ME OR OTHER INS		12a. USUAL OCC	UPATION	1	2b. KIND C		
De	nandana		(IF NOT IN SUCH FACILITY,				(TYPE OF WORK FOR				-	
	asadena	IPS ING HOME OF OT	157 Armi	ger Dr:			Waitre	ss-wn	lte	COI	fee	P
	STATE	13b. COUNTY		OR TOWN	13d. INSIDE (ITY LIMITS?	13e STREET ADD	RESS				
	Md.	Anne	Arun. Pas	adena	YES 🗌	NO 🛛	3157 Ar	miger	Dr:	ive		
14. FA	ATHER'S NAME	MID		LAST	15 MOTHER	S MAIDEN NAM	E					
1	Fred	WID	~		E-4	thel	MIC	DLE		Cana		
160 V	WAS DECEASED EVE	RINIIS ADARE		een Cial security n			Y.Y = .	DDRESS .		Gre	en	
	YES, NO OR UNKNOWN)	(IF YES, GIVE W	AR OR DATES)			ANT 1812		Toert:				
_	No		218.	-18-983	36 Mrs. S	Sandra	Ween W	estmi	nste			
	18 CAUSE OF DEA	ATH (Enter only o	one couse per line for (a), (b), and (c).)			1 -			BETWEEN	IMATE INTE	RVAL
	PART I. DEATH	WAS CAUSED E		Makeino	ma = (11)	unim	atopia			1	na	
	1406	MANAGORIE	A03E (d)						-			
DUE TO, OR AS A CONSEQUENCE OF												
	1601		Conditions if you which									
			(b)	ONSEODENCE	Or .							
	gove rise to in	mmediate	(b)									H
		mmediate ting the										1
	gove rise ta in cause (o), sto underlying cou	mmediate ting the se lost.	(b) DUE TO, OR AS A C	onseouence (Of							
7	gove rise ta in cause (o), sto underlying cou	mmediate ting the se lost.	(b)	onseouence (Of) TO THE TERMI	NAL DISEASE OR	CONDITION	GIVEN I	N PART 10	a,	
NOIL	gove rise to in cause (o), sto underlying cou	nmediate ting the se lost. GNIFICANT COT	(b) DUE TO, OR AS A C	onseouence (Of) TO THE TERMI	NAL DISEASE OR	CONDITION	GIVEN I	N PART 10	a s	
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ERTIFICATION	gove rise ta in cause (o), sto underlying could PART 2. OTHER SIN	nmediate ting the se lost. GNIFICANT COI	(b) DUE TO, OR AS A CITY OF THE CONTRIBUTIONS CONTRIBUTION FO	ONSEQUENCE OT TING TO DEATH	OF BUT NOT RELATED ATION WAS PERFO	DRMED	20a AUTOPSY	? 20b. IF	YES, WE	ERE FINDING CAUSES	NGS USE	TH?
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BP______ DHMH - 16 50M 1/81 (VRA 15, 4)

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physican and completely filled should be detached for use as the burial-transit permit. Then please employeems authorispens - Figur. 1 and 2 should be detached for use as the burial-transit permit. The State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

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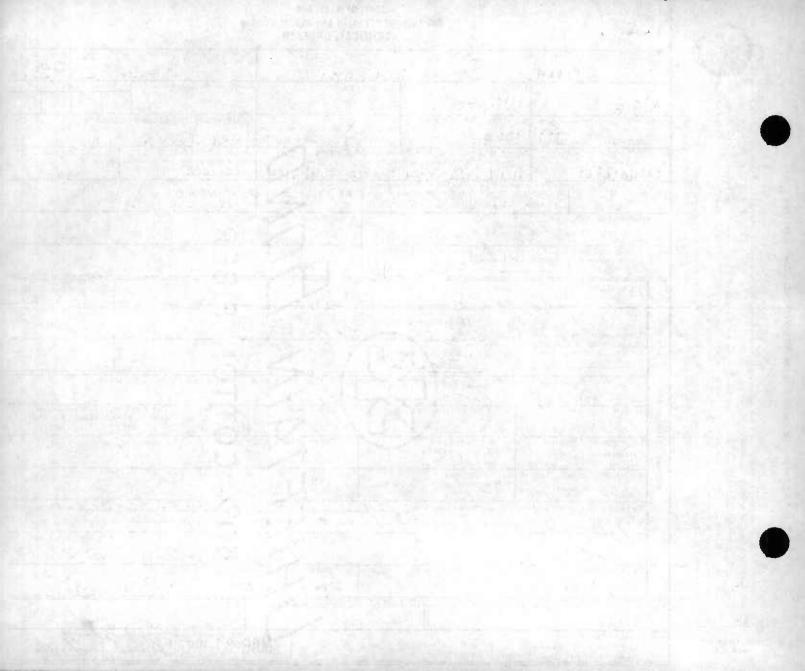
Hardesty Funeral Home 12 Ridgely Aug

FOR - STATE

DHMH-16 30M 2/80

(VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

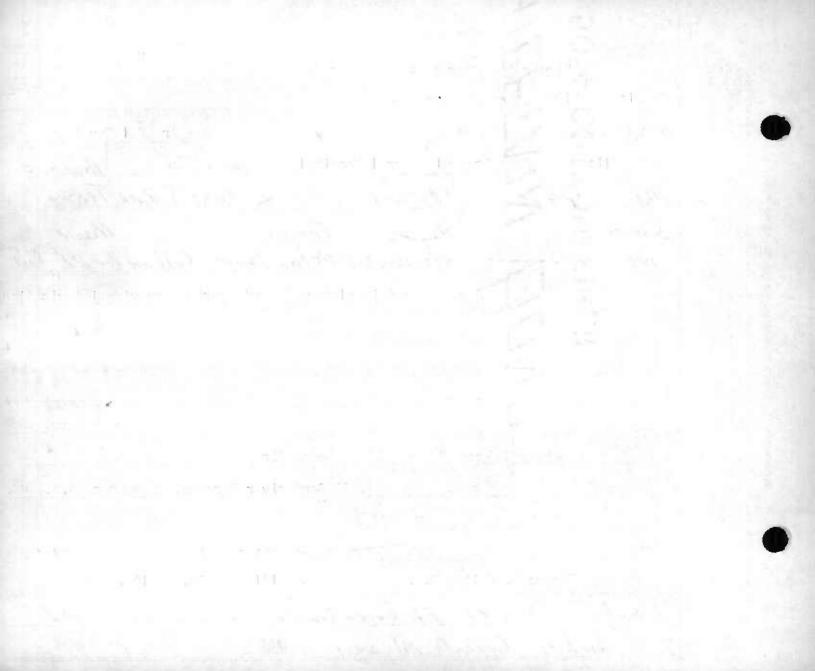


HUBBARD FUNERAL HOME, INC. 4107 WILKENS AVE.

STATE OF MARYLAND

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	10	- STATE REGISTRAR	MEDICAL EXAMINED'S CERTIFICATE OF BEATH	3 3 9 0
	T.	DECEASED NAME FIRST	MIDDLE LAST 20. DATE KNOWN W MON	ATH DAY YEAR 26 HOUR
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E BER	3.	SEX 4 RACE	5. DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS. 20. DATE MONT	TH DAY YEAR 2d HOUR
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DELAY IS NECESS. TO THE FUNERA N PAGE 5 FOR D BE FILED, WITH	262	Annapolis	11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, QUE STREET ADDRESS) Anne Arunde! General Hospital	OR INDUSTRY
DELAY 3 TO TH D BE FIL			Anne Arunde! General Hospital Housewife	Household
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URS URS WIT. P		18 CAUSE OF DEATH (Enter only PART I DEATH WAS CAUSED	rane cause per line far (a), (b), and (c).)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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A AL	N N N	Canditians, if any, which	DUE TO, OR AS A CONSEQUENCE OF	
WINEIN PER	N N N	gave rise to immediate cause (a) stating the under-	(b)	
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST. TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOLE EXECUTE THE CERTIFICATE, WRITING THE WORD, "PENDING" IN PENCIL IN ITEM 18 PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG N TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL - TRENSIT PERMIT AFTER PASTH WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HOSIENER	Z Z	lying cause last.	DUE TO, OR AS A CONSEQUENCE OF	
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S CE RITIN	250	WHILE NOT WHILE MAT WORK	STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN	COUNTY STATE
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A PECU		EXAMINER'S NAME Thomas	s D. Smith, M.D. ADDRESS III Penn St. Balto.	, Md.
DXADA	Z & 23	a. BURIAL, CREMATION, REMOVAL 236	CHAOR TOWN	OUNTY STATE
BP	-	SURA SUNERAL DIRECTOR	5-11-00 ff. LINCOLN CEMPTERY DANTWOOD J.C.	OUNTY A STATE
DHMH - 17	7 .	NAME //	ADDRESS ADDRES	SSIGNATURE
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STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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DHMH-16 30M 2/80 (VRA 15, 4)

REGISTRAR

ANNE ARUNDEL COUNTY 126 KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE Construction 218 Dinar Dr. Arden on Severn Cale Same as #13 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO T 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY STATE _____, and that in (my) (aur) apinion death occurred on the date and hour and from the causes stated 22c. DATE SIGNED PHYSICIAN DIRECTOR PHYSICIAN 3-22-82 Hillcrest Cenetery AACO Burial Annapolis 24. FUNERAL DIRECTOR Zpances > Hardesty Funeral Home Annapolis. Ma.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

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IF UNDER I YEAR

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STATE OF MARYLAND

1	1-	FOR STATE REGISTRAR		DEPARTN		EALTH AND MENTAL HYG ICATE OF DEATH	REG. NO).	2	
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ı	1 SEX	65 18. 0 1 2 2	4 RACE		5. DATE O		6. AGE (IN YEARS LAST BIRTH		AONTHS DAYS	HOURS MIN.
١	MAI	E.	NEGR	0	7	18 1915	66	YRS.		
4	o. BIR	THPLACE (STATE OR FOREIGN UNTRY)	76 CITIZEN OF	WHAT COUNTRY?	8 MARRIEI	NEVER MARRIED	9. BALTIMORE CITY OF	COUNTY	OF DEATH	
		RYLAND		S.A.	WIDOWE	D DIVORCED	ANNE ARUN	and the state of t	OUNTY	MD.
		YOR TOWN OF DEATH	(IF NOT IN SUC	HOSPITAL, NURSIN THEACILITY, GIVE STREET LOMONS IS	ADDRESS)	Road	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF BRICK LAY)	WORKING LIF		OF BUSINESS OR
1	13a. S1		OR OTHER INSTITUTION UNITY	GIVE RESIDENCE BEFORE 131. CITY OR TOW ANNAPOLT	E ADMISSION)	13d. INSIDE CITY LIMITS?		ons I	sland F	Road
1	14. FA1	THER'S NAME ALBERT	WIDDLE	BROWN		15. MOTHER'S MAIDEN NA. VIRGIN IA		Ne.	HALL	ST
	16a. W	AS DECEASED EVER IN U.S.	ARMED FORCES?	166. SOCIAL SECU	IRITY NO.	17. INFORMANT	ADDRE	SS		
	NO	ES, NO OR UNKNOWN) (IF YES, (GIVE WAR OR DATES)	214-05-2	2098	AUGUST BROWN	Rt. 2 Box	132 E		mate INTERVAL ONSET AND DEATH
7	CERTIFICATION	Conditions, if ony, which gove rise to immediate couse (o), stating the underlying cause last. PART 2. OTHER SIGNIFICAN 19a. DATE OF OPERATION	DUE TO, O	stro	ENCE OF	NOT RELATED TO THE TERM	AINAL DISEASE OR CONI	20b. IF YES	/EN IN PART 1	NGS USED
2	TIE					40000	YES NO		s 🗌	NO 🗆
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		22b. SIGNATURE	com	o mi	2	ATTENDING PHYSICIAN 220. ADDRESS	MEDICAL STA	FF IAN	3/1	3/82
1		Poto FUERE	iou D			1419 Forest	Dr. Ani	apoli	s, hid :	1403
	15	BURIAL, CREMATION, REMOV				CEMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN		COUNTY	STATE
		RIAL	3-16-1	.982 P.	TNEFKA		Annapolis TE REC'D. BY REGISTRAR	25b. REGIS		ryl and
	Z4. FU	UNERAL DIRECTOR		Annamal &	~ M3	130.07	10 1 7 1000	7	1/0	1 to TRUE

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Hardesty Funeral Home Annapolis. Md.

FOR

REGISTRAR

I DECEASED NAME

24 FUNERAL DIRECTOR

- STATE

(TYPE OR PRINT)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG NO 20 DATE OF DEATH 26 HOUR 12 1982 March 6. AGE (IN YEARS LAST BIRTHDAY) BALTIMORE CITY OR COUNTY OF DEATH Anne Arundel County 12a USUAL OCCUPATION 12b. KIND OF BUSINESS OR USArmu 8444 Jacobs Road Orndorf ADDRESS Maryland Kiara Burns (wife) 8444 Jacobs Road, Severn, APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 10 Mili dal 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO [216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TB PART I OR PART 2) CITY OF TOWN COUNTY STATE 1982 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 22c DATE SIGNED Kimbrough Army Community Hosp. Ft. Meade. Md. DOTSEU Ma 25a DATE REC'D. BY REGISTRAR 256 REGISTRAR'S

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DHMH - 16 50M 1/81

(VRA 15, 4)

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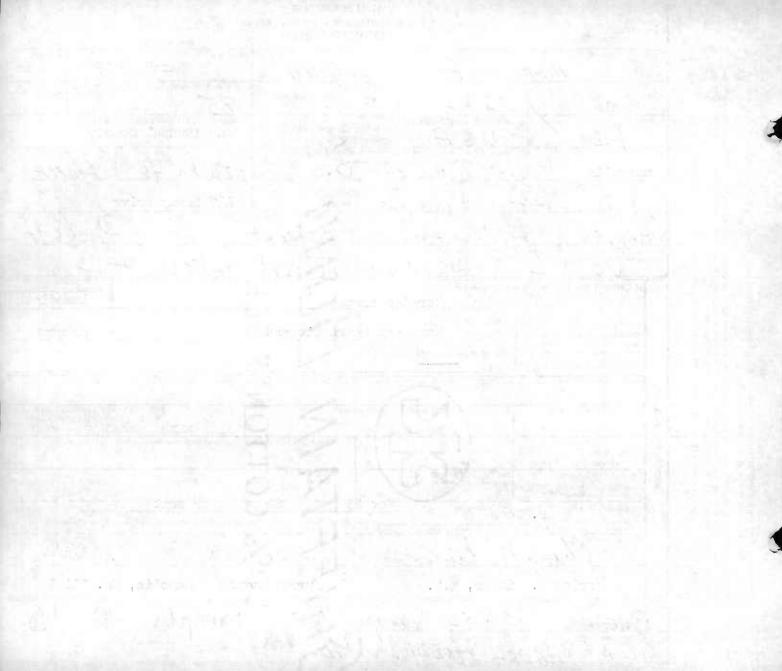
- STATE

STATE OF MARYLAND

CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REG. NO



MIDDLE

FOR

- STATE

REGISTRAR

LECEASED NAME

STATE OF MARYLAND

CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

24 FUNERAL DIRECTOR George J. Gonce, 4001 Ritchie Howy., Baltimore

Mar. 29, 82

CEDAR HILL CEM.

Burial

DHMH-16 60M 1/73

(VR A 15 (4))

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

REG. NO

MONTH

1982

YES [

Brooklyn Pk., A.A.Co., Maryland

COUNT

22c. DATE SIGNED

3/27/82

IF UNDER LYFAR

26. HOUR

17h KIND OF BUSINESS OR

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

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STATE

2s. DATE OF DEATH

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYCIENE

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	- STATE REGISTRAR		CERTIF	ICATE OF DEATH	REG. NO).		
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	LEWIS			HAPMAN	MAR	CH 17	1982	1339pm
		RACE	5. DATE O		6 AGE (IN YEARS LAST BIRTH	HDAY) IF UP	DER I YEAR	IF UNDER 24 HRS.
	MALE	CAUCASION	Janua		46	YRS	5.15	Mile
1	70. BIRTHPLACE (STATE OR FOREIGN 76	CITIZEN OF WHAT COUNTRY?	8 MARRIE	D X NEVER MARRIED	BALTIMORE CITY OF			
	Seattle, Washingto	on U.S.A.	WIDOWE	DIVORCED	Anne Arun	del Cou	inty	MD.
	Fort Meade, Md. K	1. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY GIVE STREET, (IMDrough Army (IG HOME C ADDRESS) COMMUT	or other institution	120 USUAL OCCUPATION OF MOST OF AD USAF		26. KIND OF NDUSTRY	BUSINESSOR
>	USUAL RESIDENCE (16 NURSING HOME OR OT 130. STATE 13b. COUNTY			13d. INSIDE CITY LIMITS? YES NO	11903 Bass	wood Dr	lve	
1	Wilbert Mc	DPIE CLAST		15 MOTHER'S MAIDEN NAM			1 457	
0		ELeod Chapma	n	Mary	Ellzab	eth	Cha	pman
	160 WAS DECEASED EVER IN U.S. ARME (YES, NO OR UNKNOWN) UF YES GIVE W	WAR OR DATES)		17 INFORMANT	ADDRES	SS		
	Yes 1 953-	PRESENT 547-46-	-6634	Col. Starr				
	18 CAUSE OF DEATH (Enter only PART), DEATH WAS CAUSED (Cardia Cardia		est			APPROXIM BETWEEN OF	ATE INTERVAL NSET AND DEATH
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	220.1 certify that (I) (this hospital			larch 19 82 and that in (my) (our) opinion de	4	rch 198		not (1) (we) last

TO FUNERAL DIRECTOR. After this certificate has been signed be should be detached for use as the burial-transit permit. Then pleas with the State Dept. of Health and Mental Hygiene prior to burial, MPORTANT: If them 21 is morked ar them 18 shows any 22d. PHYSICIAN'S NAME (TYPE OF PRINT)

^{23b. DATE} 3/22/82 230 BURIAL, CREMATION, REMOVAL

22e ADDRESS

DEGREE

ATTENDING PHYSICIAN MEDICAL STAFF
DIRECTOR PHYSICIAN 17 Mar 82

Henry Saunders, CPT, MC

KIMBROUGH ARMY COMM HOSPITAL 23c NAME OF CEMETERY OR CREMATORY E. Camino Memorial

Safi Drego California

22c. DATE SIGNED

FT. MEADE

24 FUNERAL DIRECTOR

Burial

W.W. "Chambers Co., Riverdale, Md. 20737

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FOR STATE REGISTRAR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

λ.		CEASED NAME	FIR51		MIDDLE		LAST		20. DATE OF DEATH	MONTH	DAY YEAR	25 HOL	JR.
	ITYPE	OR PRINTS	Rober	t De	Vrie	s C	Lark		March	29,	1982	10:	30 M
	3 SEX	(4 RACE			OF BIRTH	3.00	6. AGE (IN YEARS LAST	BIRTHDAY)	IF UNDER TYEAR	IF UNDER	See Little
	11	Male		Whit	ce	Dec		1924	57	YRS	MONTHS DAYS	HOURS	MiN.
		RTHPLACE (STATE C	OR FOREIGN	78 CITIZEN OF	WHAT COUN	TRY? 8	ED NEVER	AADDIED []	9 BALTIMORE CITY	OR COUN	TY OF DEATH		
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0		Robert	: L	WIDDLE	Cla		Be	essie	MIDDLE		Wol	f	
		AS DECEASED EVE		MED FORCES?	165 SOCIAL	SECURITY NO.	17 INFORMA	NT (Wi	fe) ADD	RESS Sal	me as #	: 13	
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		18 CAUSE OF DEA			•		1	11001	C) OI	ull'i	APPROXI BETWEEN C	MATE INTE	RVAL
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	CAL	(IF EITHER NOTIFY ME			M.	19	0.63111						
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		sow the dece	ased alive on	2124187	1		and that in	(our) opinion d	death accurred on the	date and ha			
		22b. SIGNATURE	(did) (did not	view the body	otter death.		DEGREE				22c DATE	SIGNED	
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		Dr. Lo	raine	ратте	Y				J. I. A. T. WOO	~ 1/U •	, Laba	~~110	, ,
		URIAL, CREMATION		23b. DATE	0.0		CEMETERY OR C		23d LOCATION		COUNTY	3.4	CON
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Glen Burnie Maryland

DHMH-16 50M 1/B1 (VRA 15, 4)

and Mental Hygiene prior to burial,

IMPORTANT: If Item 21 is marked or Item 18 shows any

Singleton Funeral Home

Sea.	1	FOR	DEDAG	STATE OF MARYLAND	CHARLES & 2	0 5 3 3
(IM)	1	STATE REGISTRAR	DEPA	CERTIFICATE OF DEATH	REG. NO	
	1. DE	CEASED NAME FIRST	MIDOLE	LAST		MONTH DAY YEAR 26. HOUR
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deotl swe c han, oums		Conditions, if any, which	((b)	arcin	oma	
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that d by decay inf, c		underlying couse lost	(ic)	*********		
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ding physical ding physical statements of the statement of the short o	N	OR CONTRIBUTING CAUSE OF DE		19		
Phys dir	MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFIC	E FARM, ETC.) TOCATION	CITY OR TOW	N COUNTY STATE
DING PH or often After th se as the l olth and marked c	1	AT WORK NOT WHILE AT WORK			1 2 8	77000
			ital; attended the deceased from		1, to 2^ *	19 5 (that (1) ()ve
tra for			view the bady after death.	- August	n death occurred on the do	te and hour and from the causes state
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should with With Poly	22-	BURIAL, CREMATION, REMOVAL		NAME OF CEMETERY OR CREMATORY	236 LOCATION	Duilding Severa
BP	230.	SPECIFY)	3-11-82	11 11 1	CITY OR TOWN	COUNTY STATE
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DHMH-16 20M (VRA 15, 4) 7/78		Robert S. L	Barranco-ADDRESS	Severna lock	- 100C	0

		REGISTRAR			CERTIFICATE OF DEATH	REG. NO.		
	1.0	ECEASED NAME FIRST	MIDD	NΕ	LAST	20. DATE OF DEATH MOI	NTH DAY YEAR	26 HOUR
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1 (461)	3.5	X_	4 RACE		DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDA		IF UNDER 24 HRS
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1 1 42	ZH	MNapsus	HNINEA	edner?	CHENERAL STOSPH	LAUNDRY		
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portol TOR for c		saw the deceased alive a above, (1) (we) (did) (did	not) view the body ofte		ond that in (my) (our) opin	on death occurred on the date o		
OR A DIREC Sched Dept.		22b. SIGNATURE	- Company of the state of the s	o d	DEGREE		22c. DATE	SIGNED
44 45 9		au	11 Cll	L	On () ATTENDING	MEDICAL STAFF		
HOSPITAL Inned by th FUNERAL Wild be detected to the State ORTANT: It		224 PHYSICIAN'S NAME (TYP	OR PRINT)		22e ADDRESS	@ 1t da 1	17	19-71
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DHMH - 16 50M 1/81 (VRA 15, 4)	24	UNERAL DIRECTOR	1000 5	ADDRESS	+NHAPOLIS NO	DATE REC'D. BY REGISTRATION	REGISTRAP'S SIGNAP	The
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 2

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO To. DATE KNOWN I. DECEASED NAME FIRST 2b. HOUR (TYPE OR PRINT) OF ESTI-18415 COOK 1982 3 SEX 4 RACE 5. DATE OF BIRTH 6. AGE IN YEARS IF UNDER IF UNDER 24 HRS 2d. HOUR 2c. DATE DAY LAST BIRTHDAY) PRONOUNCED u 61 YRS 3 8 31 20 DEAD 76. CITIZEN OF WHAT COUNTRY? 70. BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH FOREIGN COUNTRY) MARRIED NEVER MARRIED Md. U.S.A. WIDOWED DIVORCED 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 126. KIND OF BUSINESS OR INDUSTRY FOR MOST OF WORKING LIFE) Self employ'd Accountant 2, AND 3 TO 3. RETAIN PA SHOULD BE FALL BECORDS 13a. STATE 13b. COUNTY. 13c. CITY OR TOWN 3d. INSIDE CITY LIMITS? 13e STREET ADDRESS Glen Burnie Md. 208 Norman Ave. YES [NO [OF STAL 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME LAST MIDDLE Eleanor Higgins Robert Wesley Cook ALONG PAGES 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 166 SOCIAL SECURITY NO ADDRESS (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES Yes 214-05-2021 Mrs. Susan Cook Glen Burnie WWII CAUSE OF DEATH (Enter only one cause per live per (o), (b), and (c).) NSET AND DEATH PART I DEATH WAS CAUSED BY HYGIENE IMMEDIATE CAUSE (a DUE TO, OR AS A CONSEQUENCE OF AS A BURIAL-INC.
EAITH AND MENTAL H Conditions, if ony, which gave rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (d) CERTIFICATION E USED OF HEA 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? OBURIAL YES VARDED TO THE CAGE 3 SHOULD BE ATE DEPARTMENT COI PRIOR TO BURIA NO Z BE 21a EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME 21d. INJURY OCCURRED II LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE WHILE AT WORK SHOULD BE FOR 22a. I certify that I took charge of the remains described above, held an Autopsy and in my opinion death resulted t Suicide Homicide Undetermined monner TITLE (SPECIF ACTUAL PAGE 4 SHOU
TO FUNERAL E
AFTER DEATH,
BALLIMORE, MA EXAMINER'S NAME (TYPE OR PRINT) 230. BURIAL, CREMATION, REMOVAL 236. DATE 23c, NAME OF CEMETERY OR CREMATORY 23d. LOCATION STATE COUNTY Removal 3/2/82 BP 24. FUNERAL DIRECTOR 25e. DATE REC'D. BY REGISTRAR 15b. REGISTRAR'S SIGNATURE **DHMH - 17** ADDRESS (VR A15 ME (5)) Balto., Md. Anatomy Board 15M7/77

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PLEASE RECTOR. R FILES. HOURS	3 SE	(4. RACE	S. DATE OF BIRTH		AGE (IN YEARS !	IF UNDER 1				MÔ	NTH DA		2d. HOUR
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D, 21201 H. IF ANY DELAY IS 2, AND 3 TO THE 3. RETAIN PAGE 2 SHOULD BE FILED TALL RECORDS, 301 W	H	TY OR TOWN O		11. NAME OF HOSP (IF NOT IN SUCH FACE 4201 Sat	nas ko	aa, Ha.	eash wood	ears N Marylan	120. USUAL H FOR MOS	OCCUPAT TOF WORKING	ION (TYPE OF W	oyee	OR INDUSTR	INESS Y
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EXAMINER: CERTIFICATE CERTIFICATE ILD BE FOR DIRECTOR: WITH THE S	15	death resulte	drom: Natu	ral causes	Accident	, Suicide	. Ц. н	lomicide .	Undeterm	ined monne	r 🔲,			
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CAL THE SHO SHO ATH ATH		SIGNATURE_	Jug	rong c		010	M.D. 50	ub. Dep	C. MEDICA	LEXAMINE	R S	IGNED	3/10/8	12
TO MEDICAL EXAMINER: 1 EXECUTE THE CETIFICATE, PAGE 4 SHOULD BE FORV TO FUNERAL DIRECTOR: P AFTER DEATH, WITH THE ST BATTANORE, MARYLAND, 21;		EXAMINER'S N		hard E. Co	ook		ADDRE	113 C	athedra	al St	reet An	nnapo.	lis,Ma	1.
TO PAGE BALTE	23a. B	URIAL, CREMAT	ION,REMOVAL 2	23b. DATE	23c. NAM	NE OF CEMET			23d. LOCA					
BP	(5	Buri		3-13-198	2 Br	ewers	Hill			apoli	g	A A	STA Mo	
DHMH - 17	24. F	JNERAL DIRECT	OR	4000555	Annat	00 18.	Md		REC'D. BY RE		REGISTRA	R'S SIGN		
(VR A15 ME (5)) 15M 7/77	C	E. Hi	cks, lll	1922°Fo	rest	Drive		MAH	1271	182	pane	()	war Wilson	

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	The Cal				
51 - A.A.	allogeom	111	n we i	col 2001 III.	Purial

injury, or other troumatic event, th

IMPORTANT: If Item 21 is marked or Item 18 sho

FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

REGISTRAR				CERTIF	ICATE OF DE	ATH		REG.	NO			
1. DECEASED NAM	E FIRST		MIDDLE		AST		2a. DATE			DAY	YEAR	26 HOUR
(THE ORPKINT)	Anth	ony	Thomas	Co	ossenti	ino	N	farch	19,	198	2	9:45
3 SEX Male		4 RACE Whit	e.	5 DATE O		1 906	6. AGE (IN	YEARS LAST	75 _Y	100	DER I YEAR	IF UNDER 24 HR
10. BIRTHPLACE (ST COUNTRY) Marvla			S.A.	8	NEVER MA		9 BALTIM		Arun	NTY OF		nty ,
Glen Bu		(IF NOT IN SI	HOSPITAL, NURSIN ICH FACILITY, GIVE STREET ICH Arun	G HOME C	OR OTHER INSTIT	NOITU	12a USUA (TYPE OF WO	RK FOR MOS		NG LIFE) IN	DUSTRY	of Business o
Maryla Maryla	nd 13b. COUR		n, give residence before 134. CITY OR TOWN Glen Bu					ADDRES 78 G	s reen	bud	Coa	t Co. e(Apt.
14 FATHER'S NAME FIRST JOS	eph		Cossenti		15. MOTHER'S /	sseph:	ine	MIDDLE			ofeľ.	
160 WAS DECEASE (YES, NO OR UNKNO	(IF YES, GIVE	MED FORCES? WAR OR DATES) A	214.01 .		Mrs.	Mange:	ife) la Co				as	# 13
gove rise cause (o), underlying		{ (b)	DR AS A CONSEQUE DR AS CONSEQUE CONTRIBUTING TO D	NCE OF		OTHE TERMI	ELG SINAL DISEA	SE OR CO	2 DNDITION	GIVEN IN	3-1 3-	4/85
190 DATE OF	pr +	19b CON	DITION FOR WHICH	OPERATIO	N WAS PERFOR	MED	20a AU	OPSY?				NGS USED OF DEATH?
OR CONTRIBUTION (IF EITHER, NOTE) 21d. INJURY C	NOT WHILE []	HOUR A	OF INJURY A.M. MONTH DA P.M. E OF INJURY TREET, FACTORY, OFFICE, FA	19	211 LOCATION		ED (ENTER)	CITY OR 1			DR PART 2)	STATE
saw the abave, I	deceased olive an	3/8 1) view the bod	y after death	, ar	DEGREE	19 22 wr) opinian d TENDING A	/		date and			
JEAN PHYSICIA	N'S NAME (TYPEO	PRINTP /	126 411XI	BNK	22e. ADDRESS 2242		HR.	_			E	10.
230 BURIAL, CREMA (SPECIFY)	Mation!	23b. DATE			EMETERY OR CR			OR TOWN	more	COUN	ΤΥ	STATE M1

Glen Burnie,

MD.

Funeral Home

DHMH - 16 50M 7/77 (VR A 15 (4))

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- 12 Health (1987) - 12 Health (1984) - 12 Health (1984) - 12 Health (1984) - 12 Health (1984) - 12 Health (19	
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				SIA	IE OF MARTLAND			
3 2	Ĺ	FOR STATE REGISTRAR			HEALTH AND MENTAL HY FICATE OF DEATH	reg. N	0.5	E.S.T.
		CEASED NAME FIRST	MIDDLE		LAST	20 DATE OF DEATH	MONTH DAY YEAR	26 HOUR
noy be		CARRO	OLL E.	C	JRTIS, SR.	MARCH	17, 1982	5:59A
moy er d	3. SE	X	4 RACE		OF BIRTH	6 AGE (IN YEARS LAST BIR	RTHOAY) IF UNDER 1 YE	AR IF UNDER 24 HRS
ge 4 increases		MALE	BLACK		18,°1920	62	YRS PAY	S HOURS MIN
See and a second		RTHPLACE (STATE OR FOREIGN COUNTRY)	U.S.A.	MARR WIDOV	ED NEVER MARRIED		DEL COUNTY	MD
with with	10 C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, I	NURSING HOME		12a USUAL OCCUPAT		OF BUSINESS OR
te Willed		LEN BURNIE		ARUNDEL	HOSPITAL	(TYPE OF WORK FOR MOST O	DE WORKING LIFE) INDUSTR	:Y
d be	13c.	AL RESIDENCE (IF NURS HIS HOULD STATE	DR OTHER INSTITUTION GIVE RESIDENCE 136 CITY C		13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS		
AND 24		MD MON	VIG. GAIT	HERSBURG			TY GARDENS	#101
RYL,	14. F/	THER'S NAME	MIDOLE L	AST	15. MOTHER'S MAIDEN N	IAME		
way be do how		WILL CURTIS		ASI	PRITE.	COATES		LAST
SE, Control	16a V	VAS DECEASED EVER IN U.S. A		AL SECURITY NO.	17 INFORMANT	ADDRI	ESS	
Do ond con ond	(YES (IF YES, G	II 216-1	2-4865	HANNAH CURT	IS (WIFE) SA	ME AS #13	
BAL cate cate apen oval. nt, the		18 CAUSE OF DEATH (Enter of	only one couse per line for (a),	, (b), and (c)	01		APPRI	OXIMATE INTERVAL IN ONSET AND DEATH
T., tific phy mpo moveni		PART I. DEATH WAS CAUS	ATE CAUSE (6)	Curch	and Zole	him '		
ding or re- or re- rtic e		4111				3 1		
STO eath tenc an, e		Conditions, if any, which	DUE TO, OF AS A COA	VICE SC	white !	teast Pro	CA21	
PRE de		gove rise to immediate	(b) 1(1)((1)	10000		1 -0-11		
W. at the crer crer crer crer		cause (a), stating the underlying couse last	DUE TO, OR AS A CON	NSEQUENCE OF			CIRCLE OF	
201 s this s this sole or o		2.22.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2	(c)					
RDS, n sign Then I to bu	CERTIFICATION	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTION	a VIC	I NOT RELATED TO THE TER		DITION GIVEN IN PART	110
bee mit.	Y	190 DATE OF OPERATION	196 CONDITION FOR	WHICH OPERATI	ON WAS PERFORMED	20g AUTOPSY?	206. IF YES, WERE FINE	DINGS USED
has be lo	Ē					YES NOT	IN CERTIFYING CAUS	ES OF DEATH?
VITA VITA Nysicio roansit Hygie S sho	1	21a. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY		21c HOW INJURY OCCU	IRRED (ENTER NATURE OF INJU	1	
OF V		OR CONTRIBUTING CAUSE OF DE	LAIN	TH DAY YEAR		(Eller Hole of Hole		
ON OF	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED	P.M. 21e PLACE OF INJURY	19	211 LOCATION			
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2 DING PHYSICIAN. The law requires that the death certificate be executed within 24 and of antificate has been signed by the attending physicion and completely filled to as the burial-transit permit. Then please remove corbanopates's Pages 1 and 2 should both and Mental Hygiene prior to burial, cremotion, or removal. marked or them 18 shows any injury, or other froumatic event, the medical frominer must be an executed by the anticological from the marked or them.	ME	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY	OFFICE FARM ETC)	STREET	CITY OR TO	OWN COUNTY	STATE
ADIN Or Or Se Adin Se mo		22a.1 certify that (1) (this hosp	oitol) attended the deceased	from2	-10- 198	2	1171,1992	, that (I) (we) last
TTEN Direction TOF For use		saw the deceased alive o	n	19 07	and that in (my) (our) opinio	n deoth occurred on the de	bte and hour and from the	ne couses stated
REC REC Ppt.		22b S GNATURE	ot) view the bod watter death	-	DEGREE			TE SIGNED
the the property of the proper			con more	Mes	AL ATTENDING	MEDICAL STA	FF 9	12 /22
ERA ERA Stat		22d. PHYSICIAN'S NAME (TYPE				DIRECTOR PHYSIC		1100
FUNE FUNE ORTA				D	/443			c 1
O HOSPITA etained by 170 FUNERAl should be de with the State			V. CYRIAC, M.			BURNIE, MAI	RYLAND 2100)]
		SPECIFY)			CEMETERY OR CREMATORY		CDDT MILITAGO	ATTICL AND
20089		BURIAL	3-20-82	ASH M	MORIAL CEMET		SPRING, MO	
DHMH - 16 50M 1/81	24. FI	JNERAL DIRECTOR	246 N. WAS	SHINGTON	ST.	REC'Z BYREGISTRAR	RECIST ARS SIGN	ATURE.
(VRA 15, 4)	G	EORGE R. SNOWDE	246 N. WAS EN ROCKVILLE,	MD 20	350	, VOL	- 0	- Angelia de la companya de la compa

the strate Heart Done STOLE WAS STANDED & STANDED OF THE PARTY OF THE THE CHARGE IT TORRESTED THE PROPERTY OF THE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	-	REGISTRAR			CERTIF	ICATE OF DEATH	REG.	NO.			
1		CEASED NAME FIRST	MI	IDDLE	,	AST	20. DATE OF DEATH	MONTH D	DAY YEAR	26 HOUR	1
ı		Edward	C.		Dane	do, Sr.	Ma	arch 1	5,198	1 2 p	N
	3 SEX	(4 RACE		5. DATE C		6 AGE (IN YEARS LAST		IF UNDER I YEAR		/
		Male	White	9	Nov	. 24, 1914	67	YRS.	NONTHS DATS	HOURS MIN	j.
4		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF W	VHAT COUNTRY?	8.	DE NEVER MARRIED	9. BALTIMORE CITY		OF DEATH		_
		ston. Mass.	USA	A	WIDOWE		Anne Art	ndel	Count	V	٨٦
1		TY OR TOWN OF DEATH			G HOME C	OR OTHER INSTITUTION	12a USUAL OCCUPA	TION	12b. KIND (OF BUSINESS O	R
L	GI	en Burnie		Arunde		snitel	U.S. Am		Reta		
,		AL RESIDENCE (IF NURSING HOME O	ROTHER INSTITUTION G	GIVE RESIDENCE BEFORE	ADMISSION)				THE CE	reu	-
		ID AA	NIT	Severn	١	13d. INSIDE CITY LIMITS?	819 Luck	y Roa	d		
	14. FA	THER'S NAME	the second			15 MOTHER'S MAIDEN NAM	ME				-
7	E	dward	J.	Dando		Georgeanns	MIDDLE		McClu	re	
1	16. 10	VAS DECEASED EVED IN ILS A		166. SOCIAL SECUE	RITY NO.	17 INFORMANT		RESS			-
	Y	(ES, NOOR UNKNOWN) (IF YES GI	VE WAR OR DATES)	013-10-4	1574	Helen M. I	Dando. Sa	me as	13		
		18 CAUSE OF DEATH (Enter of	nly one cause peral	ine for (o), (b), and	(c1)	^				ONSET AND DEATH	-
1		PART I. DEATH WAS CAUSI	TE CAUSE (o)	andron	()	over Hore	at		31	1 meni	L
		4149		AG A CONSEQUE		2 1	,				
		Canditians, if any, which	DOE 10, 0	AD A CONSCORE	dia	Arteur (LISIANS		1000	year	1
1		gave rise to immediate cause (o), stating the DUE TO, ORAS A CONSEQUENCE OF							(1).	5	
1		underlying couse lost. (c) There claretic androvas IS						CARRE	Geal	Δ	
		PART OTHER SIGNIFICANT	CONDITIONS CO	NTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CO	NDITION GIVE	N IN PART 1	0 ()	
	CERTIFICATION	Dahelis	Melli	tus							
ì	CAI	19a DATE OF OPERATION	196 CONDIT	ION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?		, WERE FIND!		
	TIFE	N/V					YES NO	YES		NO [
	CE	21a ACCIDENT WAS UNDERLYING		INJURY N. MONTH DA	Y VEAR	21c. HOW INJURY OCCURR	RED (ENTER NATURE OF IN	JURY IN ITEM 18 PA	ART 1 OR PART 2)		Ī
ı	CAL	OR CONTRIBUTING CAUSE O			19						
	MEDICAL	214 INJURY OCCURRED	21e. PLACE O					TOWN	COUNTY	STATE	_
1	2	WHILE NOT WHILE	I HOME, SIREE	ET, FACTORY, OFFICE, FA	ARM, ETC.) STREET CITY OR TOWN COUNTY ST.					317.12	
	1	22a I certify the in this tone	tal) attended the	20000	how		to Mario	217	19.12	that (1) we) lo	st
١		saw the deceased alse or above, (i) (An) (did) did no	15 Mg		L, or	nd that in my (our) opinion o	deoth accurred an the	dote and hour	and fram the	causes stated	
		The SIGNATURE	-14		100	DEGREE			22c DATE	SIGNED	
9	4	The same	11/	au	323	446 PHYSICIAN	MEDICAL ST DIRECTOR PHYS	AFF ICIAN	ILON	IARCH S	5
	1	224. PHYSICIAN'S NAME THE	200	-		22e ADDRESS					Ť
		JAMES D. FUR	-mo	C. Dept.	blues.	KIMBRODGH	Horn H	MARGH	PT	Meane	V
		URIAL, CREMATION, REMOVAL				EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN		COUNTY		Ī
	B	urial	19 Mar	r 82 A1	rling	gton Nations	alArlingt	on	COUNTY	VA STATE	

Burial BP.

DHMH-16 30M 2/80 (VRA 15, 4)

FOR

Kirkley, Glen Burnie, MD

Arlington Nationa REC'D. BY REGISTRABLY REGISTIONS ION

24. FUNERAL DIRECTOR

dward tsaeret downt to obert to brink HOV. 24, 1914 . 67 Boston, dass. harden yers legigson lebons datok slogged as I edurad .. Dando Georgeanne Kecklure res . Sall Sig-10-4574 Helen H. Sando, Same as 13 With the tent passenge and the state of the s Marie Carlos (Land S. Paralle and C. THE HALL WILLIAM TO THE THE REAL PROPERTY OF THE PARTY STRUMAND COM STATE OF netanilakienetak netanilak 28 ma CF Leine Juney S. Kirkher, Dien Burnie, and . Call I Mil deven

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

()	En .		U	3	-3		
	REG.	NO.	- 21	8.			
ATE OF	DEATH	MONTH	DAY	Ý	YEAR	2h	

6	1.	FOR - STATE REGISTRAR	DEPARTI		EALTH AND MENTAL HYG	REG. NO.	5 5 5 /			
		CEASED NAME FIRST	MIDDLE	1	AS1	20. DATE OF DEATH MONTH	DAY YEAR 2b. HOUR			
	(TYPE	Natali Natali	e Louise	Dauses		March 26, 1982 53				
1	3. SE	х	4 RACE	5. DATE C	OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS.			
/		Female	White	Feb	. 22, 1919	63 yrs.	MONTHS DAYS HOURS MIN.			
Sen P		IRTHPLACE (STATE OR FOREIGN OUNTRY)	76 CITIZEN OF WHAT COUNTRY?	8 AAADDIE	NEVER MARRIED	9 BALTIMORE CITY OR COUNT	YOFDEATH			
30		Manyland	U.S.A.	WIDOWE	, .	Anne Arundel	County, MD.			
· B	10 C	ITY OR TOWN OF DEATH			OR OTHER INSTITUTION	12a USUAL OCCUPATION	126. KIND OF BUSINESS OR			
104	-	Glen Burnie	DOAN. Arunde		ital	1 TYPE OF WORK FOR MOST OF WORKING L	INDUSTRY edical			
921	1300	AL RESIDENCE (IF NURSING HOME OF STATE 13) COUN	OTHER INSTITUTION, GIVE RESIDENCE BEFOR		13d INSIDE CITY LIMITS?	13. SIREEL ADDRESS				
50	Me	anyland Anne	Arundel Pasade	na	YES NO	1566 Efford Rd	21122			
ly ly	14, FA	ATHER'S NAME			15. MOTHER'S MAIDEN NA	ME				
No.		Joseph	Marshall		Reba	WIDDLE	Hynes			
00		WAS DECEASED EVER IN U.S. AR		RITY NO.	17. INFORMANT	ADDRESS	7.00			
medi	(YES, NO OR UNKNOWN) [IF YES, GIVI	213-14-	2401	John C. Daus	es Same as i	#13			
‡		18 CAUSE OF DEATH (Enter or	nly one cause per line far (a), (b), an	d (c).			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH			
ent			nly one cause per line for (a), (b), an D BY:	-asta	atic lune	2 Carrinamo	Month			
ic e	1/39 IMMEDIATE CAUSE (0) NET ASTATIC LANG CATCINOMOL									
mat	DUE TO, OR AS A CONSEQUENCE OF									
ran		Canditians, if ony, which gove rise to immediate	(b)							
her		couse (o), stoting the	DUE TO, OR AS A CONSEQUE	ENCE OF						
0		underlying cause last.	(c)	10030=						
njury, o	Z O	PART 2. OTHER SIGNIFICANT (CONDITIONS CONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	MINAL DISEASE OR CONDITION GI	VEN IN PART 1(a)			
à an	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION WAS PERFORMED				S, WERE FINDINGS USED			
3 7	E	5-11					IFYING CAUSES OF DEATH?			
S S	1 2	21a. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY		21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18,				
= 4		OR CONTRIBUTING CAUSE OF DE								
=	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED	P.M. 21e PLACE OF INJURY	19	21f. LOCATION					
P	NA.	WHILE TO NOT WHILE TO	AT HOME, STREET, FACTORY, OFFICE, I	ARM, ETC.)	STREET	CITY OR TOWN	COUNTY STATE			
rke		AT WORK		2	11 20 60	2/2/	Q-3			
S mo			tal) attended the deceased fram_	6	19 02	. to	. 19, that (1) (we) last			
2		sow the deceased alive on	it wiew the body after death.	82.01	nd that in (my) four) opinion	death accurred on the date and ha	ur and from the causes stated			
E		22b. SIGNATURE	100	>	DEGREE		224 DAJE SIGNED			
IT: If I		Euses !	W Colley		ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	3/28/82			
TA I		22d. PHYSICIAN'S NAME (TYPE O	R PRINT)		22e. ADDRESS					
PORTANT		Enser W. Col	e. M.D.	9.5	121 Cathedra	Il St. Annapolis,	Md.			
≤		BURIAL, CREMATION, REMOVAL	23b. DATE 23c 1	NAME OF C	EMETERY OR CREMATORY	23d. LOCATION	COUNTY STATE			
	1	Burial	3/29/1982 41	on Ha	ven Men. Pank	Glen Burnie An	ne Agundal Ad.			
77	24. F	UNERAL DIRECTOR MA	& Tick Neck Bds.				TRANS SIGNATURE			
"	M	Chilly Functor	Home of Pasaden	, usa	21122 M	AR 30 1082 Zam	in Can Theather			
	1.11	c Carry i uneitar	mone of resement	LL .	GILL M	ALOU BOL WILLIAM	~ //			

BP. DHMH - 16 50M 7/77 (VR A 15 (4))

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fune should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages 1 and 2 should be filed within with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

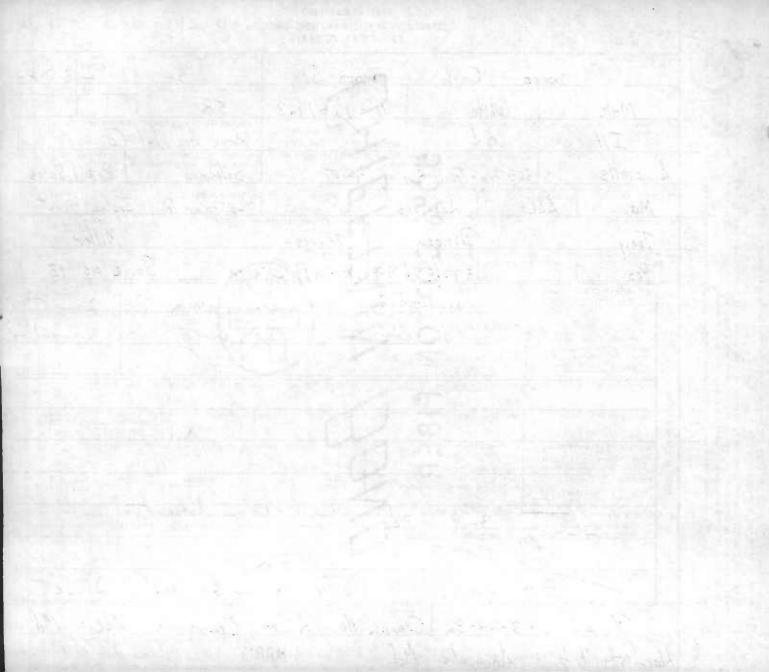
TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after

retained by the haspital or attending physician

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Taran District	Gotain	active re	Alarken
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enter to his estimates	x		in out time!
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Kong\	ndan	Name of the State	309505
M Same no 113	semilar (play		

X	Ite	em 16b G 565 3/1		STATE OF MARYLAND	0 -0 1	y la de la la
-	1.	FOR STATE	DEPARTM	CEPTIFICATE OF DEATH	IENE O 🔏 🕔) 5 3 3 0
第四 义		REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
(PAR	I. DE	CEASED NAME FIRST OR PRINT)	WIDDLE	LAST	26. DATE OF DEATH MONTH	DAY YEAR 26. HOUR
1		Thoma	s Carl	Denora Sr.	3-	17-82 8:50 AM
nours att	3. SE	4	RACE	5. DATE OF BIRTH MONTH DAY YEAR	6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MIN.
		Male	White.	S. DATE OF BIRTH MONTH 11 - 12 - 1923	58 YRS	
1 Sance		RTHPLACE ISTATE OR FOREIGN 71	CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED	BALTIMORE CITY OR COUNT	Y OF DEATH
31		111	USA	WIDOWED DIVORCED	Anne Drundel	CO. MD.
20	10.9	TY OR TOWN OF DEATH	 NAME OF HOSPITAL, NURSING (IF NOT IN SUCH FACILITY, GIVE STREET A 	G HOME OR OTHER INSTITUTION	124. USUAL OCCUPATION (TYPE 96-WOJÉK FOR MOST OF WORKING)	126. KIND OF BUSINESS OR
		nnapolis		ping toresT	Salesman	Ketail Sales
10 mg	13a S	AL RESIDENCE (IF NURSING HOME OR O		ADMISSION) 134 INSIDECITY LIMITS?	13e STREET ADDRESS	F. 1 L
到为		Md. ASC	o Ansapol		365 Friar Trail	Epping torest
UE /	14. F/	THER'S NAME FIRST MI	DDLE LAST	15. MOTHER'S MAIDEN NA	ME MIDDLE	M. IAST
2		Tory	Dinora	Theresa	ADDRESS	Miller
medical	160 (VAS DECEASED EVER IN U.S. ARM (ES, NO OR UNKNOWN) (IF YES, GIVE V	VAR OR DATES) 166 SOCIAL SECUL	RITY NO. 17. INFORMANT	C	- 0 - 17
the me		725	5771021	0 10 Norma 11. Di	nora Ja	ine as 13
ıt, th		18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED	one couse per line for (a), (b), and	Det a Res /	,	BETWEEN ONSET AND DEATH
event, 1		IMMEDIATE		raus main a	uchowa,	I would
ather traumatic		1629	DUE TO, OR AS A CONSEQUE	1 - 1 0 9	2 /4. 2	1 austra
trans		Conditions, if any, which gave rise to immediate	(b) (and	wowa of fa	e very	6 mount
e		cause (a), stating the underlying cause lost.	DUE TO, OR AS A CONSEQUE	NCE OF	0	
Ö			(c)	DEATH BUT NOT RELATED TO THE TERM	UNIAL DISEASE OF CONDITION C	IVENTINI DART 1/m
	Z	PART 2 OTHER SIGNIFICANT CO	DADITIONS CONTRIBUTING TO L	PEATH BUT NOT KELATED TO THE TERM	THAT DISEASE OR CONDITION G	IVER HA FART TO
any injury.	ATK	196. DATE OF OPERATION	19b. CONDITION FOR WHICH	OPERATION WAS PERFORMED		ES, WERE FINDINGS USED
	FF	1 14 11 11 11 11				IFYING CAUSES OF DEATH?
2	CERTIFICATION	210. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY		RED (ENTER NATURE OF INJURY IN ITEM 18	
7		OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	HOUR A.M. MONTH DA	Y YEAR		
1	MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJURY	211. LOCATION	CITY OR TOWN	COUNTY STATE
	2	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE, F.	ARM, ETC.)	A	SIME
			attended the deceased from	12-28,19 8	10 Vieser	, 19, that (I) (we) last
		sow the deceased alive and above, (I) (wa) (did) (did hat)	yew the body offer death	and that in (my) (aur) apinion	deoth occurred in the date and ho	our and fram the causes stated
E a		226. SIGNATURE	Malaust	DEGREE		22c. DATE SIGNED
ii:		100	acer	ATTENDING PHYSICIAN	MEDICAL STAFF	DI PARSENDA
MPORTANT.		224. PHYSICIAN'S JA BE TTYPE OR		22e. ADDRESS	<u> </u>	21225
ğ		E	H. Weiss	606 Har	umonds take	- 21225
₹	23a	BURIAL, CREMATION, REMOVAL	23b. DATE 23c. N	AME OF CEMETERY OR CREMATORY	23d. LOCATION	COUNTY/ STATE/
7 9		SPECIFY) Burgal	3-22-82 C	rownsville VA Cen	n. Croionsville	ASCO /Id.
	24 F	UNERAL DIRECTOR	ADDRESS	250. DA1	TE REC'D. BY REGISTRAR 25 REGI	() // :7/
9/74	N	ardesty t. H.	Annapolis 1	Tcl.	IR 18 1981 Fram	The second section of the second



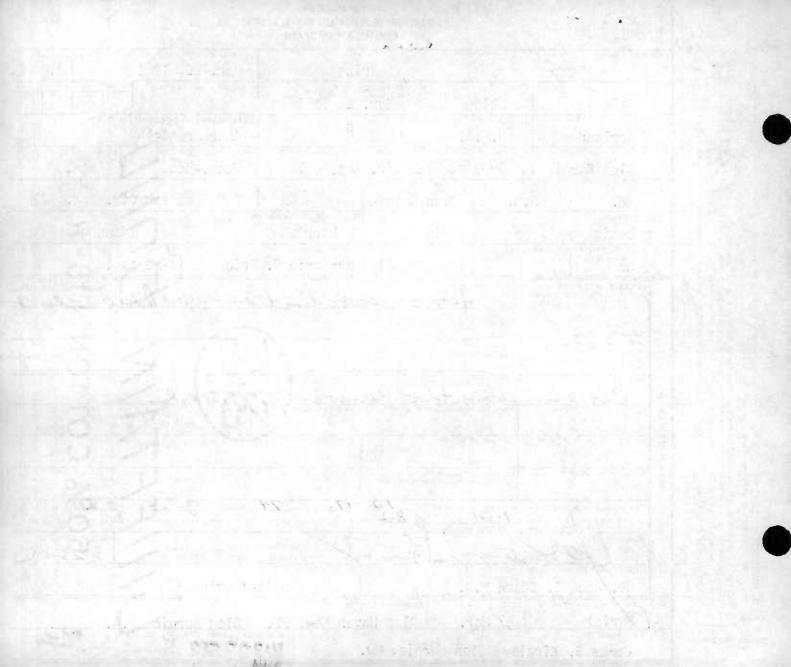
			FOR . STATE REGISTRAR	DEPAR		HEALTH AND MENTAL HY	GIENE Ö 💪	0.	S S 7
	0	1	DECEASED NAME FIRST TYPE OR PRINT)	MIDDLE	- 31	LAST	20. DATE OF DEATH	MONTH DAY YEA	R 2b. HOUR
	y be		DORRI	\mathcal{H}_{\bullet}	DII	LON	MARCH	4, 1982	10:15Am
	e di	3	SEX	4. RACE	5. DATE	OF BIRTH	6 AGE (IN YEARS LAST BIR		YEAR IF UNDER 24 HRS AYS HOURS MIN.
	96 A 13/1		temale	White	Marc	17, 1906	75	YRS.	ATS ACOKS MIN.
	F. P. S.	100	BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTR	Y? 8	D NEVER MARRIED	9 BALTIMORE CITY	R COUNTY OF DEAT	A
	deoth.	10	Alabama	U.S.A.	WIDOW	ED DIVORCED		RUNDEL COU	NTY MD.
	he fired	1	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS		OR OTHER INSTITUTION	12a. USUAL OCCUPAT	ION 12b. KIN DE WORKING (IFE) INDUS	DOF BUSINESS OR
201	by filed	77	GLEN BURNIE	NORTH ARUN		SPITAL	Buyer-Pur	chasen fas	shion Stone
BALTIMORE, MARYLAND 2120	24 hou filled in ould be	34	SUAL RESIDENCE (IF NURSING HOME OF STATE 130 COU	R OTHER INSTITUTION, GIVE RESIDENCE BEF NTY 13c, CITY OR TO Arundel Annapa	WN	13d INSIDE CITY LIMITS?	13e STREET ADDRESS	wood Ave.	
XI.A	tely 2 sh	den . 11	FATHER'S NAME			15. MOTHER'S MAIDEN NA			
MAR	ored w	LL	Hund	MIDDLE Houst	on	Ona	Etta	F	iller
E.	÷ 0	1 1	WAS DECEASED EVER IN U.S. A	RMED FORCES? 16b. SOCIAL SE	CURITY NO.	17. INFORMANT	ADDR	Sen Burn	e, Md. 21061
MO	n ond c Poges	1	(YES, NOOR UNKNOWN) (IF YES, GIV	274-18	-1798A	Mrs. George	Pohlman 953	Lombardee	Circle
	ertificate g physicia on popers removal.		PART I. DEATH WAS CAUS		ond (c)	rentoros	wident	APF BETW	PROXIMATE INTERVAL VEEN ONSET AND DEATH
PRESTON ST.,	oth ce corb n, or motic		0389	DUE TO, OR AS A CONSEC	UENCE OF	n	101 +	1	
RES	e dec		Conditions, if only, which gave rise to immediate	(b) asplo	a	on , Kent	alm o	an-	
3	thot the d by the eose rei al, crem		couse (0), stating the underlying couse lost	DUE TO, OR AS ACONSEC	UENCE OF				
201	ned to price to urial,		PART 2 OTHER SIGNIFIC ANT	CONDITIONS CONTRIBUTING TO	DEATH BUT	I NOT PELATED TO THE TERM	MAINI AL DISEASE OR CON	DITION CIVEN IN DAR	DT Man
RDS,	equir n sign Then to b		5	CONDITIONS CONTINUED IN	D DEATH BO	THO RELATED TO THE TER	WINAL DISEASE OR CON	DITION GIVEN IN FAR	1 110
DIVISION OF VITAL RECORDS, 201	been mit.	Q.	190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	19b. CONDITION FOR WHIC	CH OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE FIR	
AL R	he le ion. hos it per iene	7					YES NO	IN CERTIFYING CAL	NO [
- X	hysicio rcote b ronsit Hygie 18 sho	Q	210. ACCIDENT WAS UNDERLYING		DAY YEAR	21c HOW INJURY OCCUP	RRED (ENTER NATURE OF INJU	RY IN ITEM 18, PART 1 OR PART	(2)
0	SICIA ng ph certifi riol-tr	11	OR CONTRIBUTING CAUSE OF DE	A111	19				
SIO	PHY endir this e bu		(IF EITHER, NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFIC	E, FARM, ETC.)	21f LOCATION STREET	CITY OR TO	wn COUNTY	STATE
N	ING PH r offer ff os the lift and		WHILE NOT WHILE AT WORK		1	4 8	٥	1. 00	
-	ENDI tol or OR: A Heal			ital) attended the deceased from	~ ~ 1	19 0	C, to 5	19 0 2	_, that (I) (we) last
	ATTE ospith spith iccTC d for f. of m 21			ot) view the body after deoth.	م د ره	nd that in (my) (our) opinion	death occurred on the d		
	OR he ho bothe bothe Dep		22b. SIGNATURE	1		DEGREE	MEDICAL STA		ATE SIGNED
	OSPITAL ed by ti UNERAL d be det the Stote		22d. PHYSICIAN'S NAME (TYPE	nan	M	PHYSICIAN	DIRECTOR PHYSIC	IAN .	
	OSP ned 1 UNE Id be the S	1					MOUNTAIN R		
	TO HOSPITA retoined by TO FUNERA should be di with the Sto	1		HIDIAN, M.D.			ADENA, MARYL	AND 21122	
		2	Burial, CREMATION, REMOVAL (SPECIFY) Burial	Manch 5 1082 (NAME OF	CEMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY	STATE
	BP	2	FUNERAL DIRECTOR 120 }	March 5, 1982 9	cen na	M. M. 220 1250 DA	TE REC'D. BY REGISTRAR	Le, Tinne Till	nael, Md
	DHMH - 16 50M 1/76 (VR A 15 (4))		Mc Cully Funeral	Home of So Bal	timone	,110. 21 230 AAA	R 10 1000	21	Weather
			- C-scg . arterace	one of solar	WIII ICE		1302	Market Har	10000

A STATE OF THE STA Caracle Histor Lord 17 1905 - To Land . . . nice indicate retrieve in in-SAL EDGERAL PARTY AND THE tering to make the age. - The state of the back to the same the factor ready, ME May mive or and an arrive one andely M. oc ally mone one of wear U. P.S. Princer, Science Street

IMPORTANT: If Hem 21 is marked or Item 18 shaws any injury, ar other traumatic event, the

6	1.	0 5	5 6 0							
*		CEASED NAME FIRST EOR PRINT) Bertran		AIDDLE		ning	Mar. 25,		2:00 A.	
	3. SE		4 RACE		5. DATE C	OF BIRTH	6. AGE (IN YEARS LAST BIR		M	
		Male	Whit	e	NOV.	2, 1899 YEAR	82	YRS.	HOURS MIN.	
17	76. BIRTHPLACE (STATE OR FOREIGN 76. COUNTRY) England		U.S.	U.S.A. widow			9 BALTIMORE CITY OR COUNTY OF DEATH Anne Arundel			
00		Glen Burnie	7900	Benesch Cir. Apt. 841		128. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY MECH Ret. Auto.				
35	130. 9			GIVE RESIDENCE BEFORE 13c. CITY OR TOWN	N .	136. INSIDE CITY LIMITS? YES NO 🔀		esch Cir. A	pt. 841	
20	14 FA	ATHER'S NAME LOUIS	MIDDLE	Dring		Harriet	WE	Manno	n tast	
1		VAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IF YES, GIV	MED FORCES? E WAR OR DATES)	166. SOCIAL SECU 108-09-2		Marjorie F.	Dring S	same as 13		
9	CERTIFICATION	Conditions, if ony, which gove rise to immediate cause (o), storing the underlying cause lost. PART 2. OTHER SIGNIFICANT (CL. John 19a. DATE OF OPERATION	DUE TO, OR (c) CONDITIONS CO	uctive	NCE OF	NOT RELATED TO THE TERM		DITION GIVEN IN PAR 20b. IF YES, WERE FININ CERTIFYING CAU	IDINGS USED	
9	MEDICAL CERT	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A./ P./ 21e. PLACE C	M. MONTH DA	19	21f. HOW INJURY OCCURR 21f. LOCATION STREET		RY IN ITEM 18 PART I OR PART		
1		270. I certify that (h) (this hasping by the decomposition of the decomp	tol) attended the	e deceosed from	/2 82, on	Tie ADDRESS	MEDICAL STA	22c. D.	the causes stated ATE SIGNED	
1	23o. E	BURAL PEANATION PEANOVAL		The second second	IAME OF C	300 Hospit	23d. LOCATION			
	(Syecievi Burial UNERAL DIRECTOR	27 Ma			ven Mem. Pk.	Glen Burr		MD .	
	29 P	James S. Kir	kley G1	en Burnie	e, MD	25a. DATE	REC'D, BY REGISTRAR	25b. REGISTRAR'S SIGI	Talke	

BP. DHMH-16 30M 2/80 (VRA 15, 4)



2 1/2 10 According to the second of the second section with a state of the Jun 1974 Early tolen I to me in affect the state of I have got by administration of the man way and TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the should be detached for use as the burial-transit permit. Then please remove carbonpopers. Pages 1 and 2 should be filled with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

1	K 1.	FOR - STATE	DEPARTMENT O	ATE OF MARYLAND F HEALTH AND MENTAL HYG	JIENE 8 2 0 5 5 6 2
9		REGISTRAR	CERT	IFICATE OF DEATH	REG. NO.
1		CEASED NAME FIRST DAIL	pert Samuel	Fitch	20 DATE OF DEATH MONTH DAY YEAR 26 HOUR AM
1	3. SE.	Male	4. RACE CAUCASIDANT	E OF BIRTH DAY YEAR OF 06	6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
52		RTHPLACE (STATE OR FOREIGN COUNTRY). Indiana	7b. CITIZEN OF WHAT COUNTRY? 8. MAR WIDO	RIED NEVER MARRIED WED DIVORCED	Anne Arundel Co.
300	1	ANNapolis	11. NAME OF HOSPITAL, NURSING HOM (IF) OT IN SUCH FACILITY, GIVE STREET ADDRESS) ANNE ACUNOE	1 Gen'l Ho	126 USUAL OCCUPATION (1YPE OF WORLDS LOS WORKING LIFE) 110 USUAL OCCUPATION (1YPE OF WORLDS LOS WORKING LIFE) 110 USUAL OCCUPATION (1YPE OF WORLDS LOS WORKING LIFE)
ad sale	13a S	Md. ANNe	other institution, give residence before admission of the control	134 INSIDE CITY LIMITS?	130 SZALI ACASSA St. John Rd.
aview 21	14 FA	ATONZO E	widd Fitch LAST	15 MOTHER'S MAIDEN NAM	ME MIDDLE Woody LAST
medicol	16a V	VAS DECEASED EVER IN U.S. AR	MED FORCES? 16b SOCIAL SECURITY NO. 219-38-5593	Catharine G	Fitch, same as 13 a-e
y, or other troumotic event, tl		Conditions, if any, which gove rise to immediate couse (o), stofing the underlying couse lost.	DUE TO, OP AS A CONSEQUENCE OF	i Obstruc	APPROXIMATE INTERVAL BETWEEN ORSET AND DEATH July Lung des use ys INAL DISEASE OR CONDITION GIVEN IN PART 1100
ows ony injui	CERTIFICATION	190 DATE OF OPERATION	19b CONDITION FOR WHICH OPERA	TION WAS PERFORMED	200 AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO YES NO NO
Item 18 sh	EDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA		AR 9	RED (ENTERNATURE OF INJURY IN ITEM 18, PART I OR PART 2)
is morked or	MED	21d. INJURY OCCURRED WHILE OCT WHILE OF WORK	216. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)	01	CITY OR TOWN COUNTY STATE
Item 21 is m		sow the deceased alive on above, (1) (we) (did) (did no	ol) oftended the deceosed from 22	, and that in (my) (our) opinion (death occurred on the date and hour and from the causes stated
<u></u>		Sary M,	Kilandson. 1		MEDICAL STAFF DIRECTOR PHYSICIAN 122c. DATE SIGNED WOLL 1582
MPORTANT		SARYM, +	ichardson 11	7 FOR BES	Street, ANNApolis, mo
	23a. B	BURIAL, CREMATION, REMOVAL (SPECIEY)		rest Memo Park	ANNAPOLIS, Md. COUNTY STATE

250. DATE REC'D BY REGISTRAR 215 TEGISTRAR STATE

Bealt Funeral Home, 1212

West St., Annapolis

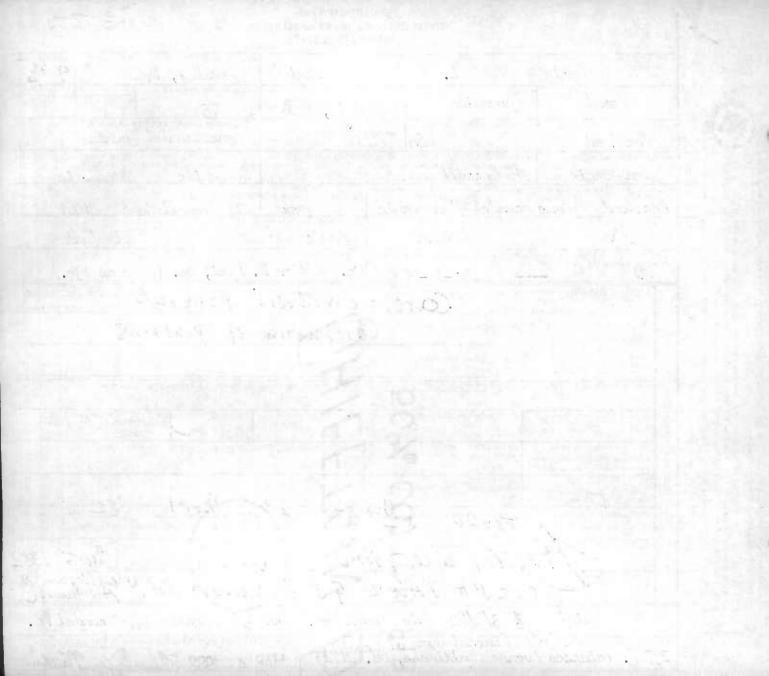
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o-a El sa seme .orall	O enfraction O.			287
	OLD CHANGE			

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR



					STATE OF MARYLAND	- 1	274 2140	1 0 1
120		1.	FOR STATE		NT OF HEALTH AND MENTAL HY	GIENE B	0 5	0 0 4
A BOOK BO			REGISTRAR	79473 8101 111	CERTIFICATE OF DEATH	REG. N	IO.	
TIME		I DE	CEASED NAME FIRST	WIDDLE	LAST	20. DATE OF DEATH	MONTH DAY YEA	IR 2b HOUR
1940		(TYPE	PERCY	K	EPV		3 18 82	2 500 A.
9.8		3 SE		RACE	DATE OF BIRTH	6. AGE (IN YEARS LAST BIR		J - //M
fte.		3 35	M. I -	t) i i i	MONTH DAL MAN	HT/		AYS HOURS MIN
rect rrs a			MALE	WHITE	4 19 1905	16	YRS.	
Pod in	71	70 BI	RTHPLACE (STATE OF FOREIGN 76	CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	BALTIMORE CITY	PROUNTY OF DEATH	н
funeral in 72 h	15		Pa	115 A	WIDOWED X DIVORCED	HIUNG 1	HUNDS.	L MD.
thin	5	10,01	TY OR TOWN OF DEATH	NAME OF HOSPITAL, NURSING	HOME OR OTHER INSTITUTION	12ª USUAL OCCUPAT		ND OF BUSINESS OR
withi	7/		12 / se Call	(IF NOT IN SUCH FACILITY, GIVE STILE AD	OCILIA HOUSE	(BUTE OF WORK FOR MOST	OF WORKING LIFE) INDUST	rry L. b
filed	10	USU	AL RESIDENCE (IF NURSING HOME OF OTI	HER INSTITUTION BINE RESIDENCE BEFORE AL	DAISSIONI	I ENGINEE	144.	MITY UD
be r	20	13a S	TATE 136 SOUNTY	130 CITY OR TOWN	134. INSIDE CITY LIMITS?	13. STREET ADDRESS.	Ω	/ //
Di To	15		ND. H.F	T. HUNAPOW	YES NO		BAYKID	GE- HUI
ex sh	271	14 FA	THER'S NAME	de las	IS MOTHER'S MAIDEN NA	ME	10	1,457 1 =
and 2	21	1	likhiAM	L FRV	CHARLO	THE	6111	otis
5 - 6			AS DECEASED EVER IN U.S. ARME		TY NO. HINFORMANT	ADDR	ESS 1/15 Pe	DAP HARK
Pages t, the n	1	()	ES, NO OR UNKNOWN) (IF YES, GIVE WA	AR OR DATES) 1017-05-0	112112nl 11 C+	CINIMIAIL	AUWAROL	VII
	-	-	NO -	11-17-05-9	43/11 AUL # 3/	FIN BHCH		
papers. emoval. tic even			18 CAUSE OF DEATH (Enter only of PART), DEATH WAS CAUSED 8	one couse per line to you, (b), and i	C.1 0 . C 1		1 BETW	PROXIMATE INTERVAL
rem atic			IMMEDIATE O	(\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	nic (Svam) grd	Vokel		2975-
carbon pa on, or rem traumatic			4409	DUE TO, OR ASANCONSEQUEN	CROF 6	, ,		
			Conditions, if any, which	Lenera		sclevosis.		
ernove			gave rise to immediate	, , , , , , , , , , , , , , , , , , , ,				
0 . 0			cause (a), stating the underlying cause lost	DUE TO, OR AS A CONSEQUEN	CE OF			
n please burial, injury,	16			(Ic)				
- c c >		N	PART 2 OTHER SIGNIFICANT COM	ADITIONS CONTRIBUTING TO DE	ATH BUT NOT RELATED TO THE TERM	MIN AL DISEASE OR CON	DITION GIVEN IN PAR	1 1(0)
nit. Th prior	-	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHICH O	PERATION WAS PERFORMED	20a AUTOPSY?	206. IF YES, WERE FIN	NDINGS USED
I-transit permit.	/	IFIC				wee a word	IN CERTIFYING CAU	
ygie	4	ERT	21a, ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY	21c HOW INJURY OCCUR	YES NO	YES [NO []
Wental Hygiene pri	a.		OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M. MONTH DAY		(RED (ENTER NATURE OF INJU	RT IN SIEM 18, PART 1 OR PART	1 2)
Mental dor I	-/1	CA	(IF EITHER, NOTIFY MEDICAL EXAMINER)	P.M.	19			
and M	1	MEDICAL	21d INJURY OCCURRED	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FAR	211 LOCATION STREET	CITY OR TO	wn COUNTY	STATE
th and A		2	AT WORK NOT WHILE	(A Post of the Control of the Contr			1	
ea le	-		220 certify that (I) (this hospital)	attended the deceased from	december 10 00	to 3	118 1086	that (I)((we))ost
of H			saw the deceased alive an	3/15 1082	and that in (my) (our) opinion	death occurred on the d	ate and hour and from	
÷ ; ə			abave, (I/ (we) (d/d) (did nat) v	new the body after death.				
	3.5		220. SIGNATURE		DEGREE ATTENDING	/ MEDICAL STA	FV.	ATESIGNED
State State			V-000 10 V	16,00 V	PHYSICIAN I	DIRECTOR PHYSIC		111/72
with the State WITH THE STATE			224. PHYSICIAN'S NAME (TYPE OR PR	INT)	22e ADDRESS	1 4	11 (1.1
h th		ы			1121 CA+HEI	Deal At	HUNDIGLIS	MD.
should be der with the Stat IMPORTAN	-	23a P	URIAL, CREMATION, REMOVAL	236. DATE / 23c NA	ME OF CEMETERY OR CREMATORY	234 LOCATION	1 Too Hearts	1
		D	SECRETA A - day	3/10/02 El	The CENTER OF CREMATORY	CITY OR TOWN	COUNTY	101
		10	REMATION	0/17/02 P41	HINCOLN		00 100	10
H-16 25A		ZA FL	INERAL DIRECTOR	ADDRESS	1 M 250. DA	TE REC'D. BY REGISTRAR	1 2: \ \	NATURE
15, 4) 1/	79	16	1440R TUNER	AL CHAPEL 1	-law Applies 10	MULII 57 4 1300	Chances 3	my must

A AND THE PROPERTY OF THE PROP THE SHARE A STREET SHALE STREET AND A STREET Commented which the strained the Share to the Children of the Mills

puo

FOR - STATE REGISTRAR DECEASED NAME

MALE

TYPE OR PRINT

3. SEX

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

DAY

MARRIED NEVER MARRIED

YEAR

189

GILL

5 DATE OF BIRTH MONTH

94

21 FERNDALE AVENUE, 21061

U	C.	U	91

A
A
24 HRS
MIN

To BIRTHPLACE (STATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? COUNTRY MARYLAND U.S.A. 10 CITY OR TOWN OF DEATH

FIRST

GEORGE

4 RACE

MIDDLE

C.

WIDOWED DIVORCED NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IE NOT IN SUCH FACILITY, GIVE STREET ADDRESS)

ANNE ARUNDEL 120 USUAL OCCUPATION TTYPE OF WORK FOR MOST OF WORKING LIFE SALESMAN

13e STREET ADDRESS

12b. KIND OF BUSINESS OR **INDUSTRY** DEPT. STORE

GLEN BURNIE SUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 130. STATE 13b COUNTY

13c. CITY OR TOWN GLEN BURNIE

WHITE

13d. INSIDE CITY LIMITS? NO X 15. MOTHER'S MAIDEN NAME

MARY

21 FERNDALE AVENUE, 21061

MIDDLE

UNKNOWN

APPROXIMATE INTERVAL

GEORGE LYES, NO OR UNKNOWN

MARYLAND

NO

CERTIFICATION

MEDICAL

00

10

4 FATHER'S NAME

160 WAS DECEASED EVER IN U.S. ARMED FORCES? (IF YES, GIVE WAR OR DATES)

16b SOCIAL SECURITY NO. 215-09-9973

LAST

GILL

17 INFORMANT MARGUERITE GILL

GLEN BURNIE, MD. 21 FERNDALE AVENUE

18 CAUSE OF DEATH Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY Recipona Conditions, if any, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost.

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART LIG

90 DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION	WAS PERFORMED
210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	21c. HOW INJURY

20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOF YES [NO [VINJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME, STREET, FACTORY OFFICE, FARM ETC.) NOT WHILE

211. LOCATION CITY OR TOWN COUNTY

200 AUTOPSY?

	sow	the ve, (I	deced	sed o	live o	n	ew the	e body	ofter	death.	.1
22b.	SIGI					1	/				
n		23	V	12	0 0	11		-	-	1	_

220.1 certify that (1) (this haspital) attended the deceased from

DEGREE ATTENDING MEDICAL
PHYSICIAN DIRECTOR PHYSICIAN

_, and that in (my) (our) opinion death occurred on the date	e and hour and Irom the couses stated
DEGREE	220 DATE SIGNED
ATTENDING MEDICAL STAFF	AND 3/15/2

22d. PHYSICIAN'S NAME (TYPE OF PRINT)

ROBERT B. KROOPNICK, M.D.

22e ADDRESS

205 BALTIMORE-ANNAPOLIS BOULEVARD 23d LOCATION

230 BURIAL, CREMATION, REMOVAL (SPECIFY BURIAL

03-17-82

23b. DATE

231 NAME OF CEMETERY OR CREMATORY PARKWOOD CEMETERY

BALTIMORE CITY

STATE

that (I) (we) last

24 FUNERAL DIRECTOR

21229 HUBBARD FUNERAL HOME, INC. 4107 WILKENS AVE. 250 DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

DHMH - 16 50M 1/81 (VRA 15, 4)

BP.

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be deto

MPORT Shou

THE PARTY OF SETTINGS OF STREET, SERVED IN STREET, STR

STATE OF MARYLAND

A REST OF BERNA			
The Samuel of the Samuel			
	ATTEMPT OF		

STATE OF MARYLAND

Larger transcript Tills of the Control of the Contr 7.3 - 4.3 7.4 Ber all and the Color of Martin Com. Grown Descript, A.A. 190. Lawrence C. Pin'l - Glen Saxone, Led. - Will Donores

1	1 -	STATE				HEALTH AND MENTA		La !	US	-J
4		REGISTRAR				VER'S CERTIFICATI		REG. NO		
200		CASED NAME	Koger	Roger	MIDDLE Willia	GRAPES	S 20. D	OF ESTI-	3 /7	YEAR 1962
77 T T T T T T T T T T T T T T T T T T	1. SEX	Male 4.RA	White 5	DATE OF BIRTH	YEAR LAST BIRTHE		MIN. PRO	DATE NOUNCED DEAD	MONTH DA	YEAR
WIND WAR		RTHPLACE (STATE OR REIGN COUNTRY) W. Va.		U.S.A.	VHAT COUNTRY?	8. MARRIED X NEVER M	ARRIED . 9. B.	ALTIMORE CITY O		F DEATH
PAGE PAGE PAGE PAGE PAGE PAGE PAGE PAGE	R	Y OR TOWN OF DE		WHEN AND SHAPPING	ARUNTE	Per exel	FOR MOST (occupation (Type of Times)	100	or industry S. Post
AND 3 RETAIN HOUID	USUA Da. ST	LRESIDENCE EFFININ	THE COUNTY	CO.	Stevensvi	13d INSIDE CITY LIMIT		DDRESS BOX #662		
DEATH OF THE STATE)	THER'S NAME FROM	Unkno	MIDOLE	Grapes	15. MOTHER'S M. FIRST	io	MIDDLE	Frenc	tast eh
S AFTER GINE PAG THY FOR VISION O	(YE	(AS DECEASED EVER S. NO, OR UNKNOWN)		D FORCES?	166, SOCIAL SECURIT	LOUIS AND THE REAL PROPERTY OF THE PARTY OF	49 694	ADDRESS B, Rt#1 Bo	ox#662	Md.216 Steven
MITHER J		Conditions, if gove rise to	immediate	(b)	R AS A CONSECUTACE	Centery a				
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STATE OF MARYLAND

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(111	E OR PRINT)	HEDWIC	3	Ρ.	GRE	GOR		March 1		3	20	82	6:00A.
3. SE	X	4.	RACE		5. DATE OF			6 AGE (IN	YEARS LAST B	IRTHDAY)	IF UND	DER I YEAR	IF UNDER 24 HRS
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7o. 8	IRTHPLACE (STATE OR FO	OREIGN 76	CITIZEN OF	WHAT COUNTRY	? 8		MARRIED -	9. BALTIMORE CITY OR COUNTY OF DEATH					
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THE FUNERAL DIRECTOR 21229
Hubbard Funeral Home, Inc. 4107 Wilkens Ave.

DHMH - 16 50M 1/81 (VRA 15, 4)

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TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physic should be detached for use as the burnal-transit permit. Then please remove corban-pape with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

-		REGISTRAR				CERTIF	FICATE OF DEATH	REG. NO.		EST
A		CEASED NAME OR PRINT)	IRMG	ARD	MIDDLE	GU	M	MARCH 1, 198	DAY YEAR	26. HOUR 11:45
1	3. SE	X		4 RACE		S. DATE		6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR	
	Fe	emale		Whit	e	nonti	27 1933	49 YRS.	MONTHS DAYS	HOURS MIN.
-	7a BI	RTHPLACE (STATE OR	FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8	D X NEVER MARRIED	9 BALTIMORE CITY OR COUNT		
	~	ermany		U.S	.A.	WIDOWI		ANNE ARUNDEI	4	MI
1		TY OR TOWN OF DE			HOSPITAL, NURSIN		OR OTHER INSTITUTION	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING		OF BUSINESS OR
1		LEN BURNI		NORTH	L ARUNDEL		TTAI.	Housewife	INCOUSTRY	
1		AL RESIDENCE (IF NUR	136 COUN		136. CITY OR TOW		1134 INSIDE CITY LIMITS?	13e STREET ADDRESS		
2		ryland	A.	A.	Pasade	ena	YES NO 🔀	1207 Wood Da	le Cou	rt
	14 FA	THER'S NAME FIRST		MIDDLE	LAST		15. MOTHER'S MAIDEN N	AME	14	ST
4	Z	immermar	nn	K. Zwin	genberge	er	Luise		Bei	sel
		VAS DECEASED EVER		MED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMANT	1207 Wood	Dale C	ourt
		No			216-62-	2376	Julian Gur	Pasadeena,		1122
		Conditions, if ony						- E-1 //		1-
	ION	gove rise to im couse (0), static underlying couse	mediote ng the e lost.	(c)	ONTRIBUTING TO D		NOT RELATED TO THE TER	MINAL DISEASE OR CONDITION GI	VEN IN PART I	oy.
7	TIFICATION	gove rise to im couse (0), static underlying couse	mediote ng the e lost.	(c) CONDITIONS <u>Co</u>	ONTRIBUTING TO D	DEATH BUT	NOT RELATED TO THE TER	20a AUTOPSY? 20b. IF YE IN CERT	VEN IN PART III	NGS USED
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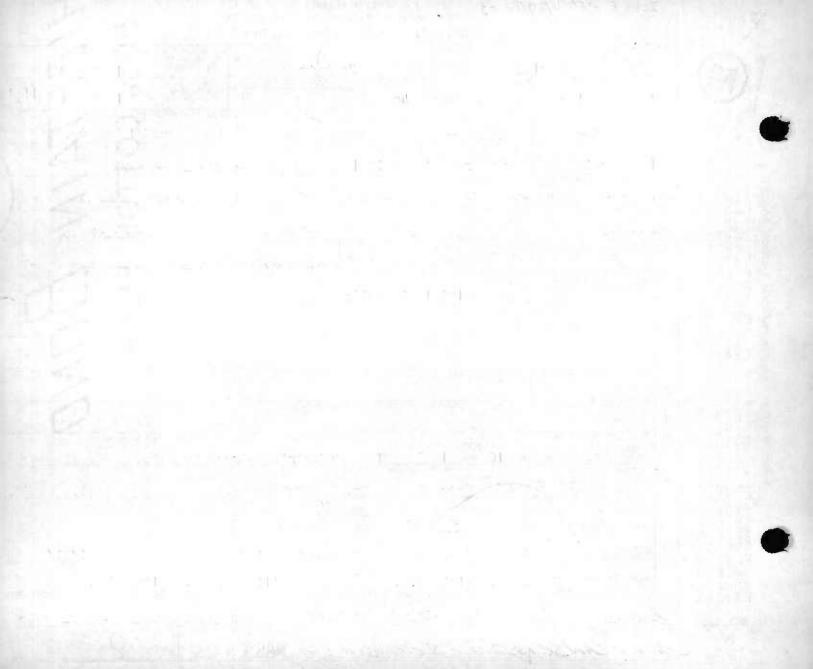
DHMH - 16 50M 1/81 (VRA 15, 4)

Crownsville

Burial 3/4/1982 (
PUNERAL DIRECTOR Duda-Ruck, Inc., ADDRESS, AVENUE Dundalk Dundalk, MD. 21222

250. DATE REC'D. BY REGISTRAR 256 REGISTRAR GNATURAL MAR 4 1982 Casalla Caralla Carall

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AND 3	130. S	TATE	13b, COUN	ROTHER INSTITUTION, GITY GEORGES	13c. CITY	BEFORE ADMISSIO OR TOWN PARL		13d INSIDE CUTY LI				MILL	- DEI	1E
DEATH. IF DEATH. IF GES 1, 2, IM PM 3. AND 2 SI	10	THER'S NAME FIRST		MIDDLE	HACE	LAST		15. MOTHER'S FIRST	MA	ME	AIDDLE		LAST BCOOK	
T., BALTIMORE, M. URS AFTER DEATH. B. GIVE PAGES 1. WITH FORM PM. IIT. PAGES 1 AND 2. E. DIVISION OFWITE.	166. V	ES. NO, OR UNKNOV		MED FORCES? WAR OR DATES) by one cause per line	रेउँउ	-32-9		17 INFORMAN	HAKE	1 4195	ADDRESS		wesmile,	A
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TO MEDICAL EXAMINER: TE EXECUTE THE CERTIFICATE. PAGE 4 SHOULD BE FORM AFTER DEATH, AUTHER THE BALTIMORE, MARKIAND, 2		death resulted	1 0	alfoures .	Adent	No.	ide .	Homicide	Unc	determined mo	anner			
MEDICAL CUTE THE SE 4 SHO FUNERAL TIMORE, TIMORE,		EXAMINER'S N		mas D. Sm	ζth,	<i>1</i> 3ш.	M	Doputy DDRESS		edicalexam enn St.		DATE SIGNEI		82
	(5	JRIAL, CREMAT	ON, REMOVAL 23	3. DATE 2-4-81	23c N	IAME OF CEN		CREMATORY		LOCATION		COUN		STATE A
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FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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		REGISTRAR				CERTIF	ICATE OF D	EATH	REG. NO	D.			
		CEASED NAME	FIRST	24	Francis	į.	AST MATE	Sr.		MONTH	DAY YEAR	26 HOUR	1
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d	3_SEX	Male		RACE Whi	te	5. DATE O	H DAY	1921	6. AGE (IN YEARS LAST BIRT	11 YRS	MONTHS DAYS	HOURS	MIN.
		RTHPLACE (STATE OR COUNTRY) Marvland			WHAT COUNTRY?	8	D X NEVER M	ARRIED -	BALTIMORECITY O			у,	MD.
0	10 CI	or town of DE Odenton		, nursing home or other institution Type of work for most of working life Rent Operator						Vatio Can			
5	13a. S	AL RESIDENCE (IF NUR TATE TYLAND	13b. COUN		GIVE RESIDENCE BEFORE 13. CITY OR JOWN Odento		13d. INSIDE CI	IY LIMITS?	500 Patu	xent	Rd.		
2	14. FA	James		Villia	m Hardy	7	Ma	ary	Cather			ller	
		VAS DECEASED EVER (ES. NO OR UNKNOWN) Yes		WAR OR DATES)	215.12.		Mr. i		F. Hardy	ss S	ame as	# 13	3
		PART I. DEATH V Conditions, if any gave rise to im couse (a), stati underlying cous	WAS CAUSED IMMEDIATE y, which mediote ing the	DUE TO, C	or AS A CONSEQUE	NCE OF	Stomae	h ca	ner		BETWEEN	IMATE INTERV ONSET AND D	PEATH
7	CERTIFICATION	PART 2. OTHER SIG			ONTRIBUTING TO E				200 AUTOPSY?	20b. IF Y	ES, WERE FINDI	NGS USED	
1	MEDICAL CERT	27a. ACCIDENT WAS UN OR CONTRIBUTING [] (IF EITHER, NOTIFY MED 21d INJURY OCCUP	CAUSE OF DEA	P 21e. PLACE	DF INJURY .M. MONTH DA .M. OF INJURY REET, FACTORY, OFFICE, F.	19	21f LOCATIO		RED (ENTER NATURE OF INJUI	RY IN ITEM 18			ATE
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		22d PHYSICIAN'S N			Dailey,	M.D	A P	TENDING HYSICIAN [A	B-30	Pasa	5/82 dena	_ ,
		BURIAL, CREMATION SPECIFY) Buria		23b DATE 9 Ma			emetery or co		23d LOCATION CITY OF TOWN Crowns		e, A.A		D .

DHMH - 16 50M 1/81 (VRA 15, 4)

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IMPORTANT: If Item 21 is

24 FUNERAL DIRECTOR of It of former ADI ADDREGIEN Burnie, MD.

Crownsville, A.A.,

MAR 8 1982 Cornes San Varther

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FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH	8	REG. N	0.	3	5	:3	1	3
LAST Za.	DATE OF	DEATH	MONTH	DAY	1	rear	2b. HOU	R

REGISTRAR		CERTIFICATE OF DEATH	REG. N	o.
I. DECEASED NAME FIRST	de Blan	HARRÍS	2a. DATE OF DEATH	3 - 4-82 1'52 PM
F.	4. RACE	5. DATE OF BIRTH	6. AGE IN YEARS LAST BIR	THDAY) IF UNDER LYEAR IF UNDER 24 HRS. MONTHS DATS HOURS MIN. YRS.
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OS hua	BALLATC	15. MOTHER'S MAINE	N NAME A MIDDI	rowd4
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IO FUNERAL DRECTOR. After this certificate has been signed by the otheriding physican and completely filled in by the funeral should be detached for use as the bund-hands perm? Then please remove carbon popers. Pages 3 and 3 should be tilled within 72 hail the State Dept. of Health and Mental Hygers prior to burial, cremation, or removal. TO HOSPITAL

MPORTANT If hem 21 is marked or hem 18 shows any injury, as other fraumatic event, th

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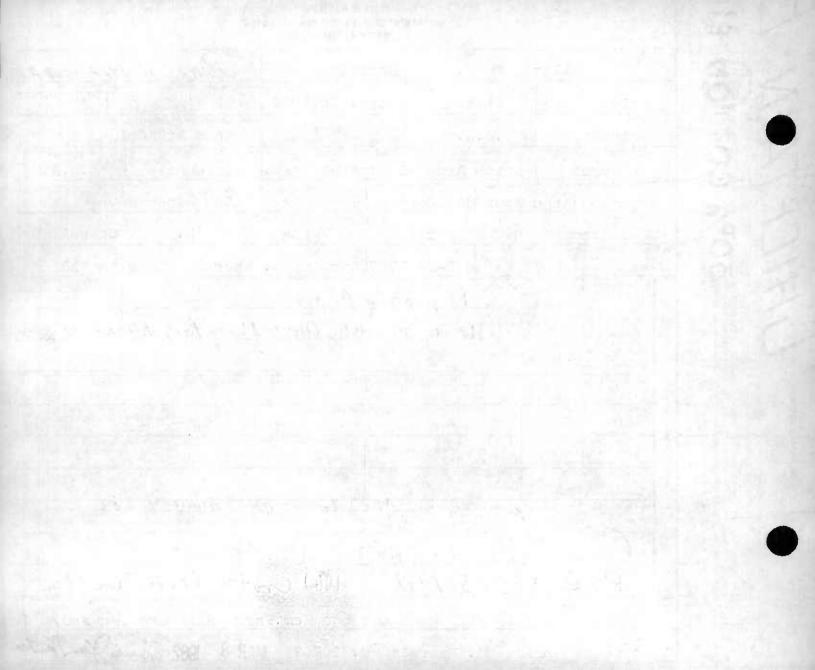
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(VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE



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INER: THE FORM, TORK: PART PART AND, 21		///	of the remain described above, held an Autopsy , Inspection , Inquiry , and in my apinian	,
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	RTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS NG THE WORD, "IN PENCIL IN ITEM 18. G TO THE CHIEF MEDICAL EXAMINER ALONG WIT SHOULD BE USED AS A BURAL." IRANSIT PERMIT. P. PARTIMENT OF HEALTH AND MENTAL HYGEINE, DIN RIOR TO BURIAL, CREMATION, OR REMOVAL.	XECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY DELAY IS RESSAR. REASONG WITHIN 24 HOURS AFTER DEATH. IF AND 3 TO THE FUILED IN RECORD. 34 EXAMINER ALONG WITH FORM PM. 3. RETAIN PAGE 4. FOR YOUR PRISE BURIAL- TRANSIT PREMIT. PAGES TANDQ. SHOULD BE FILED. WITHIN 24 HOUR AND MENTAL HYGIENE, DIVISION OF THAI RECORDS. 201 W. PREST TATION, OR REMOVAL. 4 ATION, OR REMOVAL.	ALROLED WITHIN 24 HOURS AFTER DEATH. IF ANY DELAY IS AND STORY OF THE PLAN IN THE MISSING NOW BALER DEATH. IF AND STORY OF THE PLAN IN THE MISSING NOW BALER ALONG WITHIN THE POWN WAS THE POWN WITH FORM WITHIN THE POWN WAS THE POWN WAS THE POWN WAS THE POWN OWN ON THE PLAN IN THE POWN WAS THE POWN WAS THE POWN OWN OWN OWN OWN OWN OWN OWN OWN OWN	MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO. AST

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGI CERTIFICATE OF DEATH	IENE 8 2 0 5 3 8 1
MIDDLE LAST	20. DATE OF DEATH MONTH DAY YEAR 26. HOUR
ver herold	March 16, 1982 10:30Pm
5. DATE OF BIRTH DON'TH DAY 1906	6. AGE (IN YEARS LAST BIRTHOAY) IF UNDER 1 YEAR IF UNDER 24 HIS MONTHS DAYS HOURS MIN.
MARRIED NEVER MARRIED WIDOWCED DIVORCED	BALTIMORE CITY OR COUNTY OF DEATH Anne Arundel MD.
HOSPITAL, NURSING HOME OF OTHER INSTITUTION ICH FACILITY, GIVE STREET ADDRESS)	120, USUAL OCCUPATION (FIFE OF WORK FORMOUS OF WORKING LIFE) INDUSTRY DECIDENT FIRESTACE DANKING
N. GIVE RESIDENCE BEFORE ADMISSION) 136. CITY OR TOWN 1 Annapolis YES NO	3. STREET ADDRESS 629 Chase Ave.
Arner Sr. JOANNA	MODIE Rockhold
214-05-0799 JACOB WO	hige muth Annapolis, m
crline for (o), (b), ond (c).) Carcinoma of lung	MOTE THERE
DR AS A CONSEQUENCE OF	

	WAS DECEMBED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT/ (VES. NO UNKNOWN) (IF VES. GIVE WAR OR DATES) 214-05-0799 JACOD W	lohlgemuth Annapolis, M
	18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Carcinoma of lung DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (a), stating the underlying cause lost. (c)	ZAPPROXIME INTERVAL BETWEEN ONSET AND DEATH MOTE them 17 months
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(IF EITHER NOTIFY MEDICAL EXAMINER) P.M 21d. INJURY OCCURRED 21e. PLACE OF INJURY WHILE

220.1 certify that (!) (this haspital) oftended the deceased from June sow the deceased alive on Feb 23,

21f. LOCATION (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

March 10 and that in (my) (our) opinion death occurred on the date and hour and Irom the causes stated

CITY OR TOWN

22d. PHYSICIAN'S NAME (TYPE OR PRINT)

22e. ADDRESS

ATTENDING

DEGREE

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN Mar 17,1982

Charles W. Kinzer, M. D.s

NOT WHILE

16 Murray Av., Annapolis, MD, 21401

DHMH-16 30M 2/80 (VRA 15, 4)

FOR - STATE REGISTRAR 1. DECEASED NAME TYPE OR PRINTS

COUNTRY)

Annapolis

Maryland

3. SEX Female Mary

USUAL RESIDENCE (IF MURSING HOME OR OTHER INSTITUTION 130. STATE

136. COUNTY

Anne Arunde MIDOLE

TO BIRTHPLACE (STATE OR FOREIGN

10 CITY OR TOWN OF DEATH

Cauc.

Th. CITIZEN O

II. NAME O

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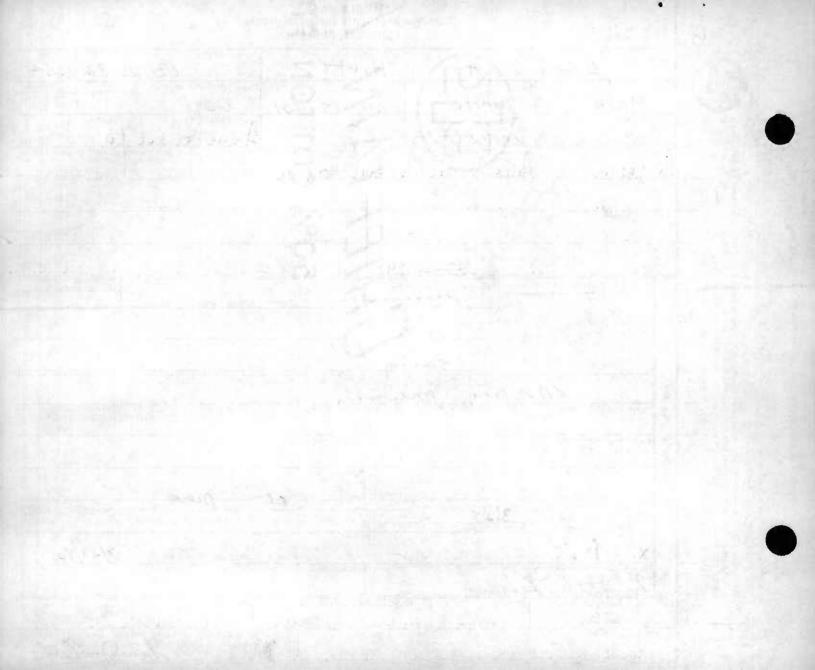
22c. DATE SIGNED

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO MIDDLE FIRST DECEASED NAME 20. DATE KNOWN (TYPE OR PRINT) John Napoleon Howe DEATH MATED 4. RACE 5. DATE OF BIRTH AGE (IN YEARS | IF UNDER 1 YR. IF UNDER 24 HRS 20. DATE LAST BIRTHDAY) PRONOUNCED White Male 89 DEAD 15/ 92 YRS BIRTHPLACE (STATE OR Th. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY Maryland U.S.A. Anne Arundel County, MD. DIVORCED X WIDOWED -10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 12a. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS Morris Hill Nursing Home Carpenter Glen Burnie USUAL RESIDENCE (IF IN NURSING NOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 30. STATE 3K COUNTY 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 5757 Main Street Maryland Howard Elkridge NO X 4. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE (Unknown) NKNO Anna 17. INFORMANT (Daughter) ADDRESS 460 Bay Green 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. (YES, NO, OR UNKNOWN) 220-05-3186 Mrs. Shirley Scott, Dr., Arnold No CAUSE OF DEATH (Enter only one couse per line for (a) (b), and (c).) PART I DEATH WAS CAUSED BY IMMEDIATE CAL DUE TO, OR AS A CONSEQUENCE OF onditions, if ony, which gave rise to immediate cause (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) **FICATION** 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? YES 210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN (TEM 18 PART) OR PART 21 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e. PLACE OF INJURY (AT HOME, 211. LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN STATE COUNTY WHILE AT WORK 22a. I certify that I t described above, held an Autopsy Inspection and in my opinian death resulted fro Homicide Undetermined monner TITLE (SPECIFY 23'Mar.82 ACTUAL SIGNATURE MEDICAL EXAMINER SIGNED GE 4 FUNE FER DE EXAMINER'S NAME TYPE OR PRINT 23a BURIAL, CREMATION, REMOVA Meadowridge Mem.Pk. Howard, MD. 24. FUNERAL DIREC Glen Burnie, **DHMH-17** (VR A15 ME (5) Funeral Home MD. 15M 7/76

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TO MEDICAL EXAMINER: EXECUTE THE CERTIFICATE PAGE 4 SHOULD BE FORT AFTER PACH, WITH THE S BALLIMORE, MARYLAND.	23a. B	URIAL CREMATION I				ME OF CEMETERY		123d. LO	Treet B	ALC.M	2 ()	441	
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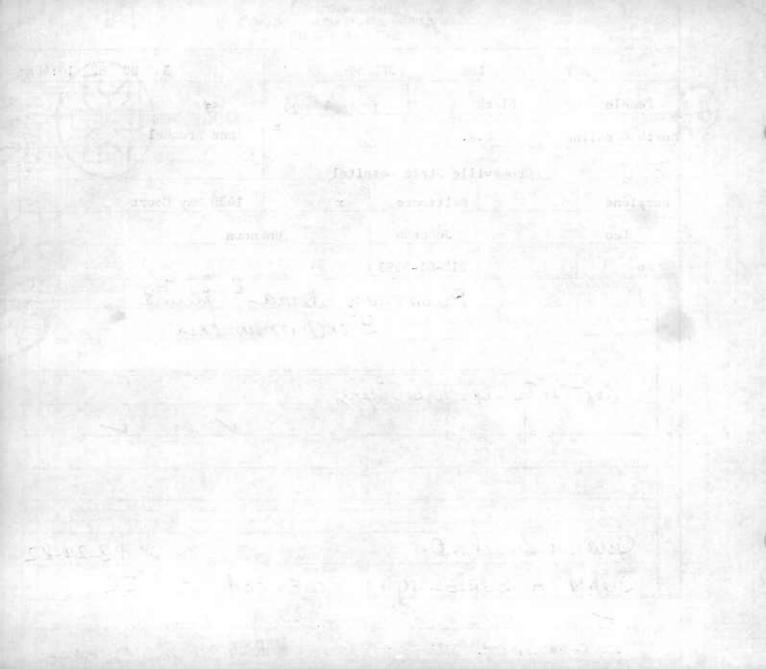
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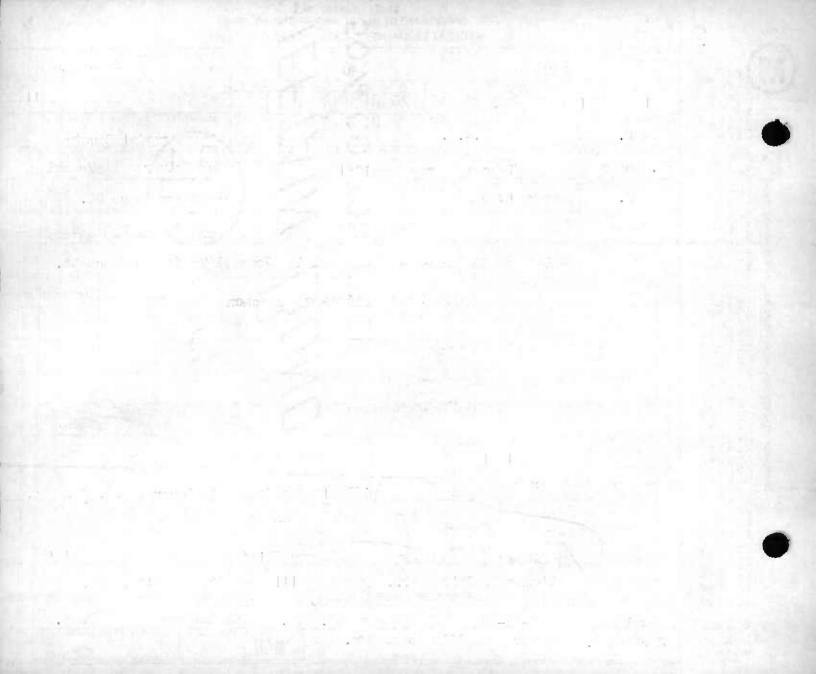
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	1-	FOR STATE REGISTRAR		DEPARTI	MENT OF I	E OF MARYLAND HEALTH AND MENTAL HYG FICATE OF DEATH	IENE 8 2	0 5	5 8
		CEASED NAME FIRST		MIDDLE		LAST		MONTH DAY Y	EAR 26 HOUR
		MARY	I	LEE	JOH	NSON		3 22 8	32 10:40
	B. SEX	(4. RACE		5 DATE	OF BIRTH	6 AGE (IN YEARS LAST BIR		YEAR IF UNDER 24 HR
M		Female	Black		1	23 29	53	YRS.	
70	Nor	RTHPLACE (STATE OR FOREIGN & COUNTRY) CAROLINA		WHAT COUNTRY?	MARRIE WIDOW	D NEVER MARRIED X	Anne Aru	-	TH
06	Cr	TY OR TOWN OF DEATH	Crowsvi	HEACILITY, GIVE STREET	ADDRESS) e Hos	pital	12a. USUAL OCCUPATI (TYPE OF WORK FOR MOST C		IND OF BUSINESS C
		ALRESIDENCE (IF NURSING HO) TATE N36 U	R OTHER INSTITUTION INTY	13c. CITY OR TOW Baltimo	/N	13d INSIDE CITY LIMITS? YES NO [13e. STREET ADDRESS 1430 May	Court	
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2	16a. V	VAS DECEASED EVER IN U.S. A ES NO OR UNKNOWN) (IF YES, G	RMED FORCES?	218-01-		Ann D. Wilso	on 3806 Fe		2
aws any injury, or ather trauma	CERTIFICATION	Conditions, if any, which gave rise to immediate cause to stating the underlying cause lost PART 2 OT LESSIMILEICANT 190 DATE OF OTHER DN	DUE TO, O (c) CONDITIONS CO	ar hyp	ENCE OF	NOT RELATED TO THE TERM	INAL DISEASE OR CON 200 AUTOPSY? YES D NO	DITION GIVEN IN PA	INDINGS USED
ea la		210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	ALIE	PFINJURY M. MONTH D. M.	AY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJUI	RY IN ITEM IB PART I OR PA	RT 2)
1	MEDICAL	21d INJURY OCCURRED WMILE NOT WHILE AT WORK	21e PLACE			21f. LOCATION STREET	CITY OR TO	WN COUN	HTY STATE
TANT: If frem 21 is mor		22a. I certify that (I) (this hasp saw the deceased alive a above, (I) (we) (did) (did not be say that the say the say that the say the say that the say the say that the say that the say that the say that the say the	of) view the body SUNE OR PRINT)	ofter death.		22e ADDRESS	MEDICAL STAF DIRECTOR PHYSIC	22c.	DATE SIGNED 3-24-8 2
MPORTANI	22 0	JUAN		RIELI			ood CE	NIER	
	- (urial, cremation, remova Burial	3/27/3			ew Mem. Park	23d LOCATION CITY OR TOWN Baltimor		STATE
B1	24 FL	William C. Maj	rch, Inc	. 1101° E	E.Mort	th Ave.	R 26 1982	25b REGISTRAR'S SIG	SNATURE



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO L DECEASED NAME 20. DATE KNOWN (TYPE OR PRINT) OF ESTI-Anthony DEATH MATED 24 HOURS AFTER DEATH. IF ANY DELAY IS NECESSARY, PLD-ITEM 1B. GIVE PAGES 1, 2, AND 310 THE FUNKRAL DIRECTOR. LONG WITH FORM PM 3. RETAIN PAGE 5 FOR YOUR FILES. PERMIT. PAGES 1 AND 2 SHOULD BE FILED, WITHIN 72 HOURS GIENE, DIVISION OF WIXAL PECORDS, 201 W. PRESTON STREET, 3 5 19 82 Jones 3. SEX 4. RACE 6. AGE (IN YEARS IF UNDER TYR. IF UNDER 24 HRS 5. DATE OF BIRTH DAY YEAR 2d HOUR 2c. DATE July 30 LAST BIRTHDAY) PRONOUNCED 1;06 Male Black 26 DEAD 1982 76. CITIZEN OF WHAT COUNTRY? 7g. BIRTHPLACE ISTATE OF 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED THEVER MARRIED FOREIGN COUNTRY) U.S.A. Tenn. County WIDOWED DIVORCED Anne Arundel 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS OR INDUSTRY Trucking Truck Driver Ft. Meade Kimbrough Army Hospital USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 130. STATE Severn 13 1575 Independence Ct. 13d INSIDE CITY LIMITS? 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME Mae MIDDLE Jones Edward Gussie Bridges 60. WAS DECEASED EVER IN U.S. ARMED FORCES? 7. INFORMANT ADDRESS 16b. SOCIAL SECURITY NO (YES, NO, OR UNKNOWN) HE YES GIVE WAR OR DATES) 4.10-17-7673 Svlvaa Jones 1675 Independence Ct. yes TO MEDICAL EXAMINER: THIS CREINICATE STANDED BE CALCULATED IN TERM 18. RECUTE THE CRETHICATE, WRITING THE WORD. "PENDING" IN PENCIL IN TERM 18. RECUTE THE CREME FACE A SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG W. TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL -TRANSIT FERMIT. AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIBBALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL. 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Gunshot wound of chest & abdomen IMMEDIATE CAUSE (a)____ DUE TO, OR AS A CONSEQUENCE OF Canditions if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. DIVISION OF VITAL RECORDS, PART 2 OTNER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION THE WORD "P" 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 2D. AUTOPSY? YES Y NO 210. EXTERNAL CAUSE WAS 116. TIME OF INJURY HOUR XXXMONTH DAY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 10: 10. YEAR MEDICAL 5 19 82 Subject shot 21e PLACE OF INJURY (AT HOME 211. LOCATION 21d INJURY OCCURRED AT WORK AT WORLE STREET, FACTORY, FARM, ETC.) COUNTY Independence home Severn, Ct. A.A. 220. I certify that I took charge at the minains described above, held an HamicideXX Undetermined manner death resulted 100m Suicide TITLE (SPECIFY) ACTUAL M Deputy ChiefMEDICAL EXAMINER 3/6/82 SIGNATURE Thomas D. Smith. M.D. III Penn St. EXAMINER'S NAME Balto. MD. (TYPE OR PRINT) ADDRESS 230. BURIAL, CREMATION, REMOVAL 236, DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION STATE CITY OR TOWN Chatanooga Tenn. Chatanooga Vet. Cem. Burial BP. 24 FUNERAL DIRECTOR Carelton C. 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE ADDRESS 1012 Penn. Ave. Douglass **DHMH-17** (VR A15 ME (5)) 15M 2/80



				STATE OF MARYLAND			
d	1-	FOR STATE REGISTRAR	DEPA	RTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	YGIENE & Z	0 5 5	3 3
		CEASED NAME FIRST	WIDDLE	LAST	2a. DATE OF DEATH	MONTH DAY YEAR	26 HOUR
oy be noge 3 death	1	Charl	es A.	JONES-	3 19 82	3-19-82	2-20 A
ge 4 may ectar, pa	3. SEX	Male	Black.	5 DATE OF BIRTH MONTH DAY 13 - 1886	6 AGE (IN YEARS LAST BIRTH	MONTHS DAYS	IF UNDER 24 HRS HOURS MIN.
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rentificate be g physician bon papers. P remaval.		PART I. DEATH WAS CAUSE	nly one couse per line for (a), (b). ID BY: TE CAUSE (a) Respire	- A :	佳		MATE INTERVAL INSET AND DEATH
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equir n sigi Then r to bi	NO	Organi	A 1	marene	not know		
he low re on. hos been t permit.	RTIFICAT	190 DATE OF OPERATION		CH OPERATION WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FINDIN IN CERTIFYING CAUSES YES	
PHYSICIAN. The ending physicia program of this certificate is burial-transit and Mental Hygie d ar Item 18 sho	A GE	OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH	DAY YEAR	URRED (ENTER NATURE OF INJUR	Y IN ITEM 18, PART 1 OR PART 2)	
ottendin ottendin ter this case the bur h and Me	MEN	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFI	CE, FARM, ETC.) 21f LOCATION STREET	CITY OR TOW	n county	STATE
ATTENDIN spital or CTOR: Al far use of Healt		sow the deceased alive an	tal) attended the deceased from	m 6, 25, 19	an death accurred an the da		that (I) (we) las
TAL OR A y the hos RAL DIREC detached tote Dept. VI. If Hem		226. SIGNATURE	2	DEGREE ATTENDING PHYSICIAN	MEDICAL STAF	FIAN STATES	9/82
TO HOSPITAL retained by the TO FUNERAL should be det with the Stote IMPORTANT:		27d. PHYSICIAN'S NAME (TYPE O	BRUNATAR	14 Mg COW	nille Horp	- certie. Ce	mule
BP	L	URIAL, CREMATION, REMOVAL BURIER	3.20-82	RENAME OF CEMETERY OR CREMATORY	RICHMUL		STATE
DHMH - 16 60M 1/75 (VR A 15 (4))		NAME DIRECTOR BY JOSE	14 1 18453 F/7 ADDRESS	. 11 /	D 0 0 1000	25b. REGISTRAR'S SIGNATI	URE

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

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FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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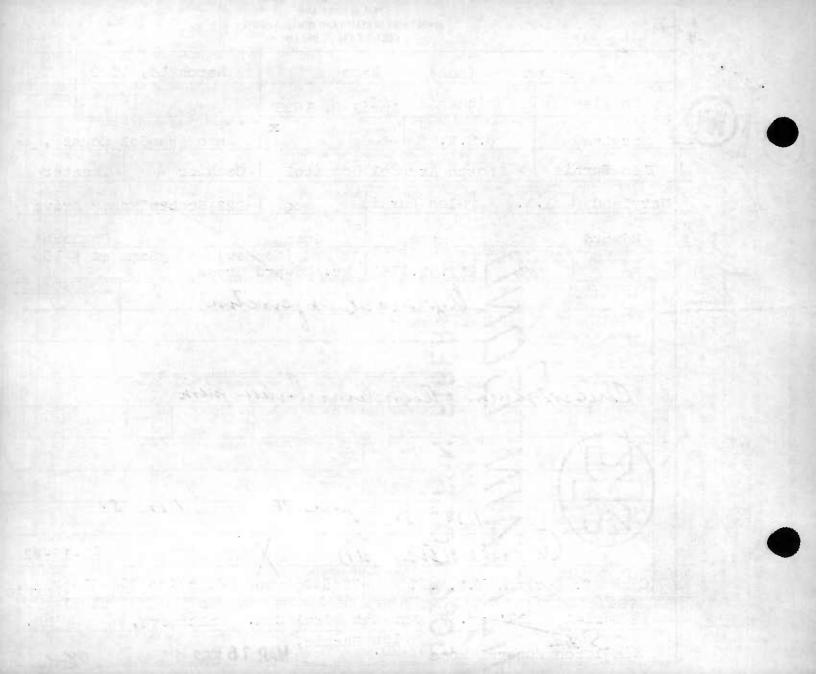
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3	1 SE			4. RACE		5 DATE C		6. AGE (IN)	YEARS LAST BIRTH	(DAY)	IF UNDER 1 YEAR	IF UNDER 24 H	HR5
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1		ITY OR TOWN OF DE		11. NAME OF H	HOSPITAL, NURSIN	G HOME C	OR OTHER INSTITUTION		OCCUPATION MOST OF		126 KIND C	F BUSINESS	OR
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1		MI. SIGNATURE	4	1-10	Mar	- 6	ATTENDING PHYSICIAN	MEDICAL DIRECTOR	STAFF		32c. DATE	-15-8	2
1		22d. PHYSICIAN'S N	2				22e ADDRESS						
		Cenap S	. Dor	kan, M	.D.P.A.		7845 Oakwo	ood Rd	, sui	te	204 G1	en _{Bur}	ni
		BURIAL, CREMATION,		236 DATE		IAME OF C	EMETERY OR CREMATORY	23d LOCA	NOITA	V	0 - 210	51	
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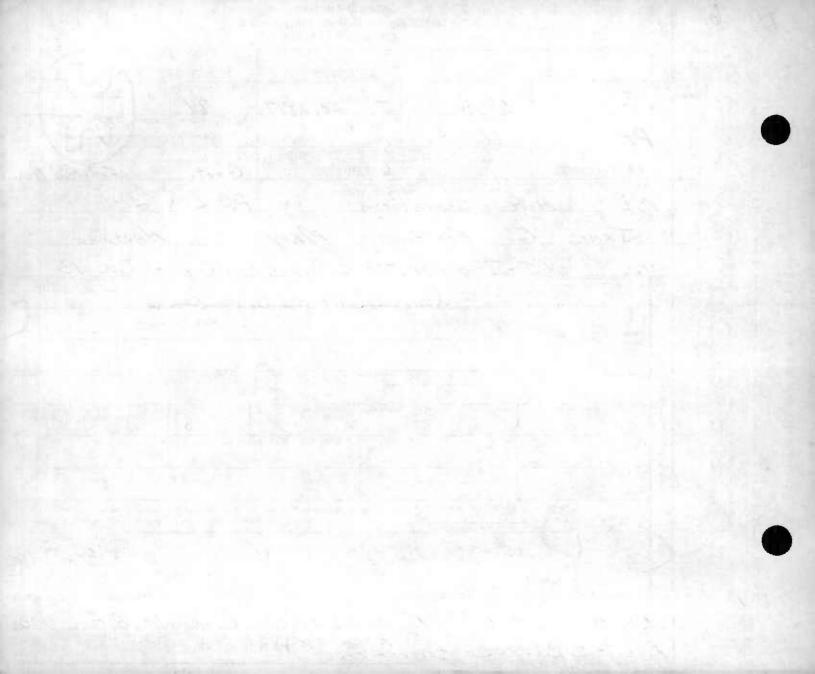
Singleton Funeral Home

DHMH - 16 50M 1/81 (VRA 15, 4)

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TEN To	OFF		saw the deceased alive an			deoth occurred on the date and h	, that (i) (we) fast
R ATT	DIRECT oched fo Dept. of If Item 2	1	22b. SIGNATURE	t) view the body after death.	DEGREE		224. DATE SIGNED
Oe	_ + O	V		elso.	11 ATTENDING	MEDICAL STAFF	May 28 180
PITA	FUNERAL old be deter of the State	1	221 PHYSICIAN'S NAME LTYPE O	R PRINT)	PHYSICIAN		- Lar 1 112
HOSPITAL	should be de with the State		Our prod		/84	5 OAKWOOD ROAD,	
To F	should with POPM	730	BURIAL, CREMATION, REMOVAL	J. WU, M.D.	GLE	N BURNIE, MARYLA	ND 21061
BP.		230	(SPECIFY)	4-1-82	M I LANGUE OF CEMETERY OR CREMATORY	MITY OR TOWN	COUNTY STATE
	17.5014	24.1	UNERAL DIRECTOR	7 /	Edi Oil 1 127. CM	JE REC'D. BY REGISTRAR MEREC	STEARS ALCOHOLOGIC
	16 50M 1/81 (A 15, 4)	1	NAME	R. RANCO - SOU	KITCHIE HUY AP	7 5 1982	1
		1	PODEL J. DH	R. RANCO SOL	EFAR PARK	Y	



		1-	FOR STATE	DEPARTM		EALTH AND MENTAL HYG	SIENE O 4	U	3	1 60
7			REGISTRAR	A CONTRACTOR OF THE PARTY OF TH		CATE OF DEATH	REG. NO			
, 64	- "		CEASED NAME FIRST	MIDDLE	L	AST	20. DATE OF DEATH	MONTH DA'		2b. HOUR
y be			Joseph	Franklin	- 1	Linkpatrick		3 18	1982	2,30 PM
e o	1 3	B. SEX	4	RACE	5. DATE O	F BIRTH	6. AGE IN YEARS LAST BIRT		UNDER 1 YEAR	IF UNDER 24 HRS
4 6 6) [Male	White	Oct	24. 1916	6	5 YRS.	NINS DATS	NOURS MIN
0 00	1		RTHPLACE (STATE OR FOREIGN 7)	CITIZEN OF WHAT COUNTRY?	8. MARRIED	NEVER MARRIED	9. BALTIMORE CITY O	R COUNTY O	FDEATH	
nero n 72	5	W.	Va.	U.S.A.	WIDOWE		Anne Arung	101		MD
with with	1	0 CI	TY OR TOWN OF DEATH	NAME OF HOSPITAL, NURSING (IF NOT IN SUICH FACILITY, GIVE STREET A		ROTHER INSTITUTION	12a. USUAL OCCUPATION OF WORK FOR MOST O	ON		BUSINESS OR
s of	0	Po	sadena	7845 June Drive	DOKESS		Welder	WORKING LIFE)	Shipb	wilding
haur be f	1	JSUZ		THER INSTITUTION GIVE RESIDENCE BEFORE	ADMISSION)	121 MICIDE CITY HARES	In storet apposes	100		
fille buld	5	Ju. 0	Md. Anne	Arundel Pasadena	2	13d. INSIDE CITY LIMITS?	7845 June	Onive	21122	
tely 2 sh liner	ī	4 FA	THER'S NAME		-	15. MOTHER'S MAIDEN NA	ME	1007 6	FILE	1 11 (3)
mple ond	7/		James	Kinkpatri	ck	Katherin	WIDDLE		Pinner	
5 0-	1		AS DECEASED EVER IN U.S. ARM	ED FORCES? 166 SOCIAL SECUR	RITY NO.	17 INFORMANT	ADDRE	SS	LICION	y
e exect		(Y	(IF YES, GIVE W	VAR OR DATES) 280-05-70	33	Galdie E. Ki	nkpatnick.	same o	74 12	
icion icion if.	=			one couse per line for (a), (b), and		Johnse L. H.Z.	io couciacos ;	some !		MATE INTERVAL
fical pop navo			PART I. DE ATH WAS CAUSED	BY: (DIOC)	non	staris				YEARS
ing i rbar ir rer			100 A IMMEDIATE			1.03/		1.14		CING
tend tend on, o			Conditions, if any, which	DUE TO, OR AS APONSEOUE	CE OF	mar			5)	leins
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the sed to pole of the pole of		-0	PART 2 OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING TO D	FATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OF CONI	DITION GIVEN	J IN PART 1/n	-
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hos peri	1	F	8-77	Kith	0	Ancen	YES TO NOTE	IN CERTIFY!	NG CAUSES (OF DEATH?
N. Thysicic rease room Hygie	0	CER	210. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY		21c. HOW INJURY OCCUR				
SICIAN 19 phy certific rial-tr entol H	Sec. 12		OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M. MONTH DA	Y YEAR					
HYSI Iding Ins ce buri Mer	1	MEDICAL	21d. INJURY OCCURRED	21e PLACE OF INJURY		211. LOCATION				
G Pler the the ond		Z	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE, FA	RM, ETC.)	STREET	CITY OR TOW	N	COUNTY	STATE
or or se or mor mor			220.1 certify that (I) (this haspite	attended the deceased from	Avs	ed 1 19 7	2, 10 MAN	ch_ 19	82	hat (I) (we) last
TTEN Differ to Port to Port to Port Ho			saw the deceased alive an	Feb. 19.	<u>-2</u> , on	d that in (my) (ew) apinion	death occurred on the do	te and hour o	and from the c	auses stated
REC REC hed the ept.			22b. SIGN 1111 =	VIEW the gody offerbeath.	Ţ.	DEGREE			22c. DATE S	IGNED
the District of the District o			Mar A	Al Nonn	10	MA) ATTENDING PHYSICIAN	MEDICAL STAF		13-19	1-87
O HOSPITAL O HOSPITAL TO FUNERAL Should be det with the State MPORTANT:	7		22d. PHYSICIAN'S NAME (TYPE OF	PETET)	1	22e ADDRESS	J DIRECTOR () THISIC	IAIT C		-
TO HOSP etoined TO FUNI should bi with the	П		Dr. Raymond G.	Henzingen		225 Harrita	1 Daine C.1-	R	· // 1	24.0/4
0 of 0 of 3 M		23a. B			AME OF C	METERY OR CREMATORY	123d LOCATION	Dunn	e, Ilid	21(6)
BP		13	URIAL, CREMATION, REMOVAL			ven Mem. Park	Clas Bun	· . 4	YTAUC	STATE
		24 FL	INERAL DIRECTOR			JA I IAC D. T		25b. REGISTRA	AR'S SIGNATU	Ret "Ile
DHMH-16 50M 7/77 (VR A 15 (4))		M	Chilly FH Mar	intain & Tick Ne	asade	na 21122 M	AR 22 t082	71	Va.	Wither.
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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

MAR 29 1982

5

	FOR STATE REGISTRAR	3 (1)		IEALTH AND MENTAL HYG ICATE OF DEATH	REG. NO.	5 3 7
	PE OR PRINT) JOSEPH	MIDDLE	KOTCHENRU	JETHER	MARCH 26 1982	2b. HOUR 0854
	MALE	4. RACE CAUCASION	DEC'T		6. AGE (IN YEARS LAST BIRTHDAY) 83 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	IF UNDER 1 YEAR IF UNDER 24 H
I	BALTIMORE MD	76 CITIZEN OF WHAT COU USA	MARRIEI WIDOWE	D NEVER MARRIED DIVORCED	9 BALTIMORE CITY OR COUNTY ANNE ARUNDEL	OF DEATH
F	ORT MEADE		MY COMMU	NITY HOSPITAL	170 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LE BOILER ATTENDAN	12b. KIND OF BUSINESS OF INDUSTRY
13a M		NTY 130 CITY O		13d INSIDE CITY LIMITS? YES NO 🛣	137 STREET ADDRESS FOURNIER	STREET
4	ATHER'S NAME DHN FIRST	MIDDLE KOTCHENRUI	ETHER	JOHANNA	ME MIDDLE	MATER LAST
160	WAS DECEASED EVER IN U.S. AF (YES, NO OR UNKNOWN) (IF YES, GI	VE WAR OR DATES)	1 SECURITY NO. 09-0414	JEANETTE GA 7306A FOURN	SSERT ADDRESS IER ST FORT MEA	DE MD 20755
	18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE MMEDIA	D BY: TE CAUSE (0) DUE TO, OR AS A COL (b) PROF	SEQUENCE OF DEABLE MYO	ST CARDIAL INFAR	CTION	BETWEEN ONSET AND DEAL 30 MIN 40 MIN
z	underlying cause lost.	DUE TO, OR AS A CONSELLA (c) SELLA CONDITIONS CONTRIBUTION		NOT RELATED TO THE TERM	NAL DISEASE OR CONDITION GIV	50 MIN
CERTIFICATION	19a. DATE OF OPERATION	196 CONDITION FOR V	WHICH OPERATION	N WAS PERFORMED	IN CERTIF	S, WERE FINDINGS USED FYING CAUSES OF DEATH?
	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MONT	H DAY YEAR		ED (ENTER NATURE OF INJURY IN ITEM 18 I	PART (OR PART 2)
10	21d INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME STREET, FACTORY,	OFFICE, FARM, ETC.)	211 LOCATION.	CITY OR TOWN	COUNTY STATE
MEDICAL	WHILE NOT WHILE AT WORK					
MEDIC	22a I certify that (I) (this hosp		HOIII	MARCH 19 82 and that in (my) (our) opinion o	, to	19 82, that (It (we))
MEDIC	22a I certify that (I) (this hosp	of view the body after death.	_19, on	, 17	death occurred on the date and hou	, mor (a (we)

.5. Zeiler & Son Inc. 901 S. Onkling Street

DHMH - 16 50M 1/B1 (VRA 15, 4)

BP.

ACRES - STORY OF THE STORY			SECT.
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			and.
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G to be taken which they the		May 100 all	alas la Nelson
Junious, Calis, Johnson	· section of	1.345 11.25-1	100
		1.c. 112. or in	

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. 20. DATE OF DEATH MONTH 26. HOUR LAST MIDDLI I. DECEASED NAME (TYPE OR PRINT) March 10, Kunkowski loseph 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS 4 RACE DAY5 HOURS. 1892 Male aucasian 9. BALTIMORE CITY OR COUNTY OF DEATH 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED

70. BIRTHPLACE (STATE OR FOREIGN country land IO CITY OR TOWN OF DEATH

135 COUNTY

USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)

Anne Arunde

IMMEDIATE CAUSE (a

WIDOWED X DIVORCED | NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION INSUCH FACILITY GIVE STREET ADDRESS)

(TYPE OF WORK FOR MOST OF WORKING LIFE) hoemaken

401 Magnolia Rd.

13. STREET ADDRESS

21061

Manuland 14 FATHER'S NAME Alexanden

Glen Burrie

MIDDLE

Kunkowski 166 SOCIAL SECURITY NO

Len Durnie

-CITY OR FOWN

17 INFORMANT

13d INSIDE CITY LIMITS?

Frances

NO X 15. MOTHER'S MAIDEN NAME

MIDDLE

Anne Arundel

Naczkowska

126 KIND OF BUSINESS OR

ounty

INDUSTRY

160 WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO ORUNKHOWN) (IF YES, GIVE WAR OR DATES!

PART I. DEATH WAS CAUSED BY

18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).

Victoria Hammen 401 Magnolia Rd.

Conditions, if any, which gave rise to immediate cause (a), stating the underlying couse last.

DUE TO, OR AS A CONSEQUENCE OF

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

196. CONDITION FOR WHICH OPERATION WAS PERFORMED

19a.	DATE	OF	OPER	RATIO	N	

21a. ACCIDENT WAS UNDERLYING

OR CONTRIBUTING CAUSE OF DEATH

216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR YES [NO YES |

21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)

200 AUTOPSY?

(IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 21d. INJURY OCCURRED 21s. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) AT WORK

19

II LOCATION COUNTY STREET CITY OR TOWN

220.1 certify that (1) (this haspital) attended the degeneral from saw the deceased alive a above, (1) (we) (did) (did not) view the body after death 22b. SIGNATURE

that in (my) (aur) ppinian death accurred on the date and hour and from the causes stated MEDICAL ATTENDING STAFF

22 d.	PHYSIC

(SPECIFY Buria

23b. DATE

23c NAME OF CEMETERY OR CREMATORY Holy Rossary emeter

DEGREE

23d LOCATION

20b. IF YES, WERE FINDINGS USED

IN CERTIFYING CAUSES OF DEATH?

NO IT

STATE

-	Т			
DHMH	*	16	25M	

RP

(VR A 15 (4)) 9/74

should be detowith the State D

CERTIFICATION

any

8

Hem

20

marked

MPORTANT.

d

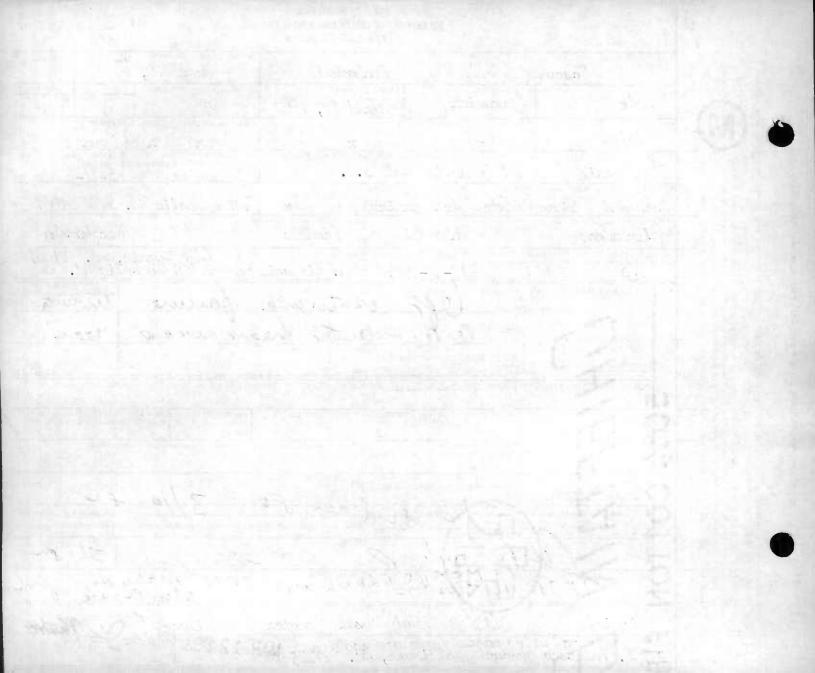
Mental Hygiene

atapsco Avenue

23a. BURIAL, CREMATION, REMOVAL

ullu Funera Daltimore.

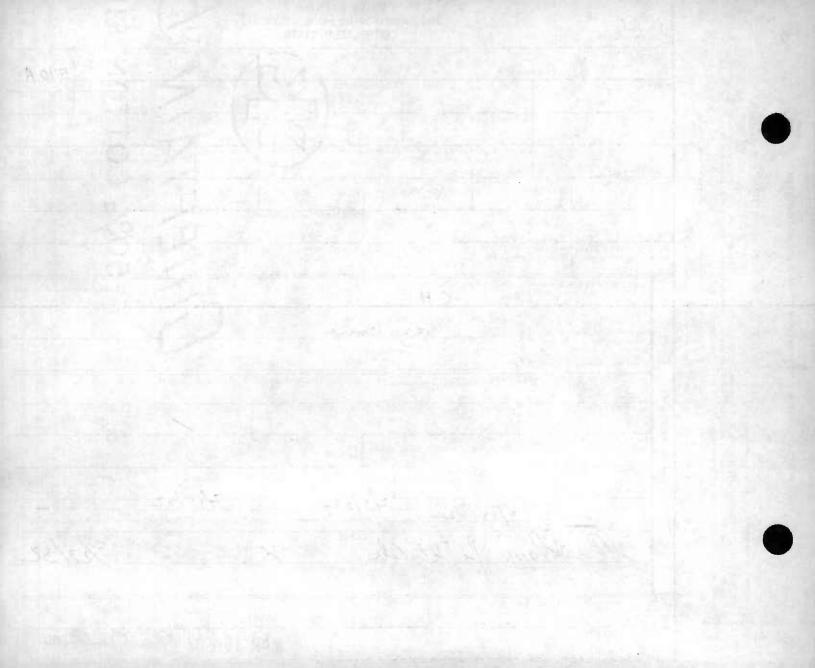
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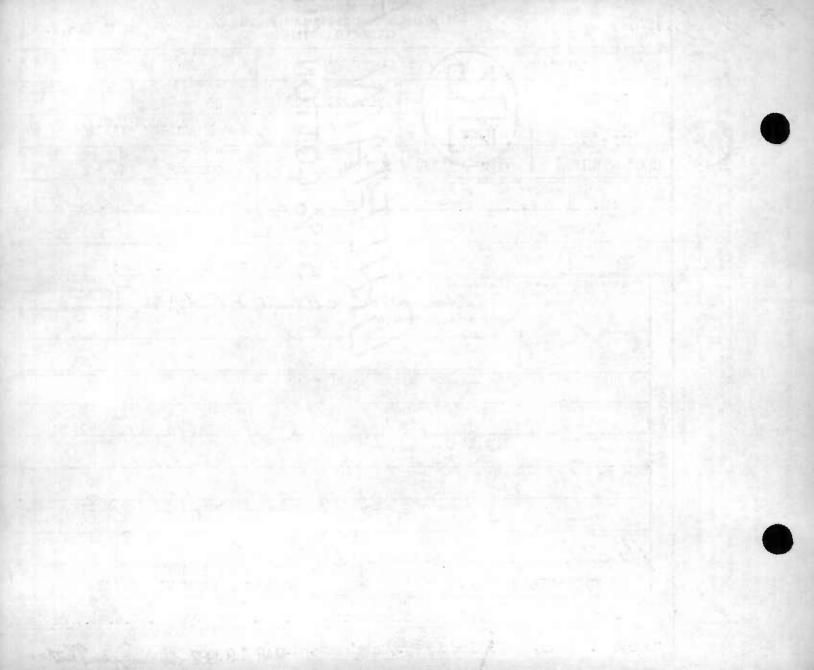


MARYLAND 2120

BALTIMORE,

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST.,





FOR

REGISTRAR

- STATE

DHMH- 16 30M 2/80 (VRA 15, 4) STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG NO

Jahn Wallet Land A. A. H. Bangar Andrew State of A BALTIMORE, MARYLAND 21201

PRESTON ST

201

DIVISION OF VITAL RECORDS.

The man all the state of the state of the THE PRINCE OF STREET Physician Charles Burn Charles Comment To the AND THE PARTY OF THE BOWN OF THE PARTY AND THE PARTY OF T Turnel June Lames Erro Chamon X 5/400 1 17 48 66 E Co YUS

certificate

OR ATTENDING

TO HOSPITAL

(M	N/	1	-	FOR STATE REGISTRA
	11 1	_	-	

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Page 1
2-10

1	1 - STATE REGISTRAR	DLI ARTI		ICATE OF DEATH	REG. NO	D.	الديدة الموسدة	, ,
	DECEASED NAME . FIRST	WIDDLE		AST	20 DATE OF DEATH	MONTH DAY	YEAR 21	HOUR
Т	(TYPE OR PRINT)	es Thersa	Luc	ckhardt	March '	9, 198	28	1050 AM
3.	SEX	4 RACE	5. DATE C		6. AGE (IN YEARS LAST BIR	THDAY) IF U		UNDER 24 HRS
J.	Female	White	момт		8		INST DATS IN	MIN,
1	BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUNTRY?	8	D NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY OF	DEATH	
	Maryland	U.S.A.	WIDOWE		Anne Ar		Count	Y , MD
11	O CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET	ADDRECE)		12a USUAL OCCUPATE		126 KIND OF B	BUSINESS OR
_	Brooklyn Pk.	Hammonds Lan	e Nu	rsing Home	Homemak		Own H	ome
1	JOUAL RESIDENCE (IF NURSING HOME OR 30. STATE 136 COUN	NTY 13c. CITY OR TOW	'N	13d INSIDE CITY LIMITS?	13e. SIREEL ADDRESS 505 Nor	rich D	5cos	
_	Maryland A	.A. Beverna	PK.	YES NO A		MTCII K	Joau	
7	FIRST	H. Luckha	rd+	FIRST	MIDDLE	C	check	100
4	George 60. WAS DECEASED EVER IN U.S. AR			Emmaline			as #	
1	(YES, NO OR UNKNOWN) (IF YES, GIV	E WAR OR DATES)		(30.			Jr.	13
-	No	N/A 217.22.		Mr. Carl	C. Luckh	arut,		7. INITERIVAL
1	18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE	nly one couse per line for (0), (b), on DBY:	d (c).				APPROXIMA BETWEEN ONS	SET AND DEATH
	IMMEDIA"	TE CAUSE (o)	LOU	race au				
	17272	DUE TO, OR AS A CONSEQUE	ENCE OF		-		5-20	
1	Conditions, if any, which gove rise to immediate	(b)	ren	wille	2 NG			
1	cause (0), stating the	DUE TO, OR AS A CONSEQUE	ENCE OF	Carolio	vasule	4		
	underlying couse lost.	(c)			dina	-		
		CONDITIONS CONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN	IN PART 110	
	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20h IF YES W	ERE FINDING	SIISED
	ST PAIR OF GERATION	The CONDITION TOR WINCH	OFERATIO	THE TENT OWNED		IN CERTIFYIN	IG CAUSES O	F DEATH?
	21g. ACCIDENT WAS UNDERLYING	7 216 TIME OF INJURY		21c HOW INJURY OCCURR	YES NO	YES [NO 🗌
		HOUR A.M. MONTH D.	AY YEAR		TENTER TATIONE OF THE			
	OR CONTRIBUTING CAUSE OF DE-	P.M. 21e. PLACE OF INJURY	19	21f LOCATION				
		(AT HOME, STREET, FACTORY, OFFICE, E	ARM, ETC.)	STREET	CITY OR TO	WN	COUNTY	STATE
		tol) attended the deceased from_	-) = IF 10)	3-9	10	20 1	at (I) (we) lost
Т	sow the deceased alive on	10 0	2 0	no that in (my) (our) opinion o	deoth occurred on the de	ate and hour or		
1	obove, (I) with a did no	t) view the body ofter death.		DEGREE			22c. DATE SIG	
1	4	er.		MA ATTENDING	MEDICAL STAF		THE DATE OF	31.03
+	22d. PHYSICIAN'S NAME (TYPE C	DR PRINT)		22e ADDRESS	DIRECTOR PHISIC	IAN		
1	SEE	NIVASAN		606 Has	mmed	Lan.	BA46	, Hd
2	3a BURIAL, CREMATION, REMOVAL			EMETERY OR CREMATORY	23d. LOCATION	1	0.0070	1 11
	(SPECIFY) Burial	12'Mar.82 C	edar	Hill Cem.	Brookly			
2	4 FUNERAL DIRECTOR	13- Vierser ADURESS		Burnie 250. DATE	E REC'D. BY REGISTRAR	25b. REGISTRA	R'S SIGNATUR	V-1
	Singleton Fi	ineral Home	MD	I MAA	U 1 1 1000	1	10.	LO A THE END

BP. DHMH - 16 50M 1/81 (VRA 15, 4)

TO FUNERAL DIRECTOR:

MPORTANT: If Item 21 should be detached for with the State Dept. of

/	-			re-line	STATE OF A					4.0	
5		FOR STATE				AND MENTA		6.0	0 5	0 0	J
D	200	REGISTRAR	WE		MINER'S	CERTIFICATE	OF DEATH	REG. NO).		
1.4	HTYP	EASED NAME FIRST	2	WIDDLE		LAST	2a. D	OF ESTI-	MONTH	DAY YEAR	2b. HOUR
2		Emily	Det	th 1	Mackiew	CZ	DE	ATH MATED	3	15 1982	N
1	3 SE)	4 RACE	5. DATE OF BIRTH		(IN YEARS IF UN		DER 24 HRS. 2c.	DATE	HTMOM	DAY YEAR	24 HOUR 9:38
	Fe	emale White	July 5	78 3		HS DAYS HOURS	MIN. PROF	OUNCED DEAD	3	15 1982	P. M
1	70. BI	RTHPLACE (STATE OR TEIGN COUNTRY)	76. CITIZEN OF W	HAT COUNTRY?	8. MADD	IED NEVER MA	PRIED P. BA	LTIMORE CITY O	R COUNT		
1		laryland	USA		WIDOV			nne Arund	tel Co	ounty.	440
1	10 C	Y OR TOWN OF DEATH		SPITAL, NURSING		ER INSTITUTION	12a. USUAL O	CCUPATION (TYPE		126 KIND OF BU	ISINESS
i	Ar	napolis		undel Ger		penital	FOR MOST C	F WORKING LIFE)		OR INDUST	RY
ì	USUA	L RESIDENCE (IF IN NURSING HOME O	ROTHER INSTITUTION, G	IVE RESIDENCE BEFORE	ADMISSION)		1				-
9	13a S		Arundel	13c. CITY OR TO		13d. INSIDE CITY LIMITS	13e STREET A	DDRESS	+ Rut	to	
	14. F/	THER'S NAME		Trecch	PCV410c	15 MOTHER'S MA	IDEN NAME	Claric	J 1(m	Φ	
1		Edward Ja	MIDDLE	Maria		FIRST		WIDDLE	ka	OPP	
1	16a. V	AS DECEASED EVER IN U.S. ARA		166 SOCIAL SE		17. INFORMANT		ADDRESS	. 171	SPP	- 1
	[Y		WAR OR DATES)			Edward	1 Mark	•	50	mead	5113
				INOU		more	ما ۱۱۱۸۵	vie mics		APPROXIMATE	INVERVAL.
		18 CAUSE OF DEATH (Enter onl PART I DEATH WAS CAUSED	y one cause per line BY:	Small Bo		vulue				BETWEEN ONSET	AND DEATH
		5/ A MAMEDIAT	E CAUSE (o)	AS A CONSEQUE		vurus					
1		Conditions, if any, which	DOE TO, OK	AS A CONSEQUE	INCE OF						
		gove rise to immediate couse (a) stating the under-	(b)	16 1 5 5 1 1 1 1							
ı	18	lying couse lost.	DUE TO, OR	AS A CONSEQUE	NCE OF						
i			(c)								
1	7	PART 2 OTNER SIGNIFICANT CONDITIONS	ONTRIBUTING TO GEATN	BUT NOT RELATED TO TO	NE TERMINAL DISEAS	E OR CONDITION GIVEN IN	PART 1 (a)				
4	ō.										
I	Y	190. DATE OF OPERATION	196. CONDI	TION FOR WHICH	OPERATION W	'AS PERFORMED?				20 AUTOPSY	7
	RTIF									YES XX	NO 🗆
	CE	21d. EXTERNAL CAUSE WAS	21b. TIME OF	NONTH DAY	YEAR 210 HO	OW INJURY OCCUR	RED (ENTER NATURE	OF INJURY IN ITEM 18 P	ART I OR PART	7 2)	
	CAL	UNDERLYING OR CONTRIBUTING CAUSE OF E	EATH P.N	1.	19						
I	MEDICAL CERTIFICATION	216 INJURY OCCURRED	21e PLACE	OF INJURY (AT HOTORY, FARM, ETC.)		CATION	F 190	OR TOWN	COUN	LITY	STATE
	2	AT WORK AT WORK		· · · · · · · · · · · · · · · · · · ·			CITY	ON TOWN	COUR	411	SIAIE
		22a certify that I took charge	of the remains de-	cribed above hal-	on Autop	sy XX Inspec			4		
J			ol couses XX	Accident .			1		d in my opii	nion	
		deoni resulted from: Notur	or conses K75V	Accident L.J.	Suicide	, Homicide L	J. Undetermine	ed monner,			
		ACTUAL MAGIN	2 9 1	Val B.		Assista	n+		DATE	3-16-8	32
		SIGNATURE	4 2 0	- Com	M	D. /135151d	MEDICAL E	XAMINER	SIGNED	210-0	14
1	5	EXAMINER'S NAME VIRG	inia L. D	olan. M.	D.		III Penn	Street			
	23a BI	RIAL, CREMATION, REMOVAL 2			OF CEMETERY O	ADDRESS			1		
	13	SUMAL CREMATION, REMOVAL 2.	3-18.8	2 SI NAME C	.) _ M	D. Chara	23d. LOCATION	1	COUNT	, Ma	ATE)
	24_EL	NERAL DIRECTOR		a JTHO	012 11)6	25g. DAT	TE REC'D. BY REGI	STRAR 256 REGIS	TRARYS SIG	GNATURE	<u>za</u>
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STATE OF MARYLAND

1-	FOR STATE REGISTRAR		DEPARTN		ICATE OF DEATH	REG. NO).	, ,	0 1
1. DEC	CEASED NAME FIRST	MIDI	DIE		AST		MONTH DAY	YEAR	26. HOUR
(TYPE	OR PRINT) RITA	M.	MA	LINS	KI		3 - 22-8	32	12:20 AM
3. SE	(RACE		5. DATE C		6. AGE (IN YEARS LAST BIRTH	HDAY) IF UNDE	R I YEAR DAYS	IF UNDER 24 HRS
1	Female	White		MONTH	29 1923	58	YRS.		THOUSE PARTY
		6 CITIZEN OF WH	HAT COUNTRY?	8	D MEVER MARRIED	9. BALTIMORE CITY O	R COUNTY OF DE	ATH	
CC	MARYLAND	u:	5 .	WIDOW		Brookly			
10. CI	TY OR TOWN OF DEATH		SPITAL, NURSIN		OR OTHER INSTITUTION	120 USUAL OCCUPATE		KIND O	F BUSINESS OR
	rooklyn Pk.	410	, GILLE	SPI	E -57.	House WI			
13a. S	AL RESIDENCE (IF NURSING HOME OR STATE 136 COUN	OTHER INSTITUTION, GI	RESIDENCE BEFORE BALTI	N	100 100	13e. STREET ADDRESS	ALLESP	ノモ	57 .
14. FA	THER'S NAME FIRST JOHN	IDDLE	SWINDER	?	15 MOTHER'S MAIDEN NAM	MIDDLE	NSKI	LAS	ST.
	VAS DECEASED EVER IN U.S. ARA		66 SOCIAL SECU	RITY NO.	17 INFORMANT	ADDRE	SS		
0	YES, NO OR UNKNOWN) (IF YES, GIVE	WAR OR DATES)	218 18	6339	Peter P.	Malinski	same as	13	la .
	18 CAUSE OF DEATH (Enter an							APPROX BETWEEN	MATE INTERVAL ONSET AND DEATH
	PART I. DEATH WAS CAUSED	BY: RECAUSE (D)	ESPIRA	LTO R	Y FAILLI	LE,			
	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. PART 2. OTHER SIGNIFICANT C	DUE TO, OR A	AS A CONSEQUE	ENCE OF I	MA OF BRE. METASTASE ORGANS. I NOT RELATED TO THE TERM	S TO THE	BRAIN	PART 1(D)
NO									
CERTIFICATION	198. DATE OF OPERATION	196. CONDITI	ON FOR WHICH	OPERATIO	ON WAS PERFORMED	200. AUTOPSY?	20b. IF YES, WER IN CERTIFYING YES	CAUSES	NO DEATH?
	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	LICITO A AA	. MONTH D.	AY YEAR	21c. HOW INJURY OCCURR	RED (ENTER NATURE OF INJUI	RY IN ITEM 18, PART 1 O	R PART 2)	
MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21¢ PLACE OF	F INJURY IT, FACTORY, OFFICE, I	FARM, ETC.)	211. LOCATION STREET	CITY OR TOV	VN CC	YINU	STATE
	22a.1 certify that (I) (this hospi sow the deceased alive an abave, (I) (we) (did) (did as	3/21/	19_	29	and that in (my) (exc) apinion of	, ta3/3 death accurred an the d		fram the	
	22b. SIGNATURE	maser			DEGREE ATTENDING PHYSICIAN	MEDICAL STA	FF _	3/2	2/1981
	724 PHYSICIAN'S NAME (TYPE O K. DHARMASENA,				#8-16th AVE	NUE-BALTIMO	RE, MARY	LANI	21225
	BURIAL, CREMATION, REMOVAL	236. DATE	23с.	NAME OF	CEMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	COUN	TY	STATE
	Burial	3/25/	82 H	oly (Cross Cem.	Brooklyr	Pk.A	.A.	co. Md.

DHMH - 16 25M

BP.

O FUNERAL DIRECTOR: After this certificate has been

IMPORTANT: If them 21 is marked or them should be detached for use as the with the State Dept. of Health and

(VR A 15 (4)) 9/74

74. FUNERAL DIRECTOR
NAME
George J. Gonce, 4001 Ritchie Hg., Baltimore, Md.

MAR 23 1982 Junes Jan Pathen

The opposite of the second to A.A. See Committee Carlo Barrier

(VR A 15 (4)) 9/74

STATE OF MARYLAND

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Hardesty Funeral Home 12 Ridgely Ave. Ann.

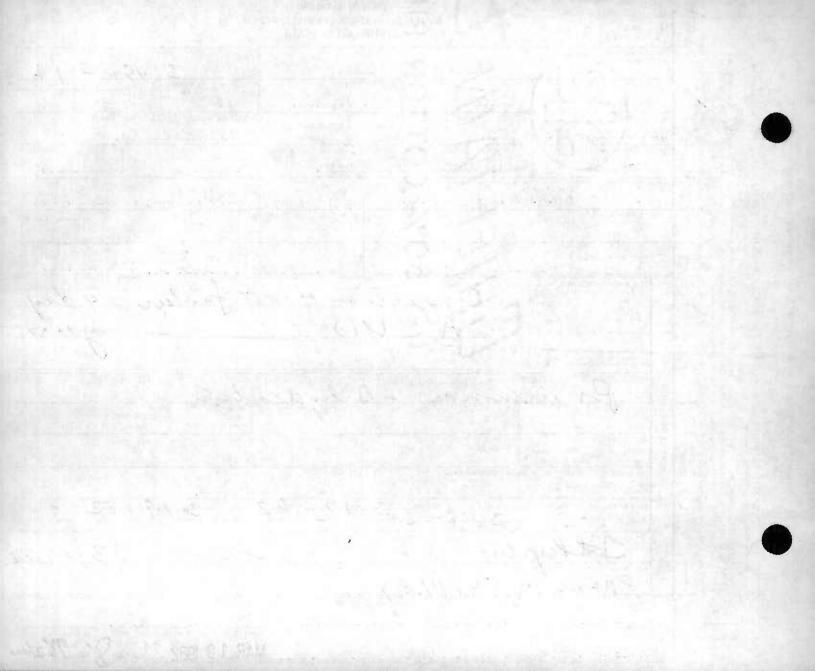
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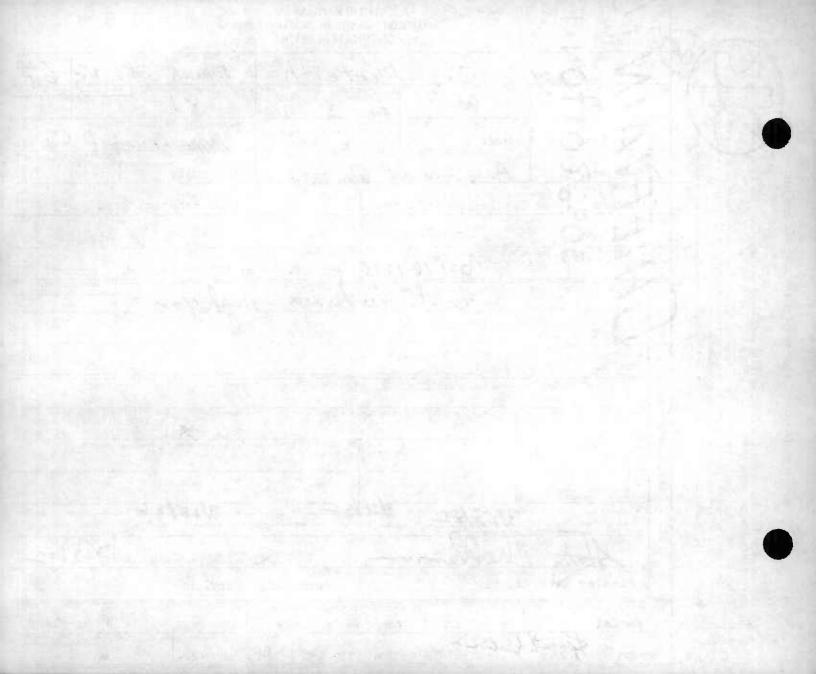
REGISTRAR

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH



STATE OF MARYLAND



WILLIAM REESE & SONS MORTUARY, P.A.

(VR A 15 (4)) 9/74

FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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b	1.	FOR STATE REGISTRAR	DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 2 0 5 0 9 CERTIFICATE OF DEATH REG. NO.
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ND 21201 24 hours after filled in by the fould be filled with must be equified	5	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 136. CITY OR TOWN 136. CITY OR TOWN 136. INSIDE CITY LIMITS? 138. STREET ADDRESS
E, MARYLA cuted within couted within s 1 and 2 shi		ATHER'S NAME FIRST TODO VAS DECEASED EVER IN U.S. AI	ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS
fricate be exemplished by the control of the contro		(ES, NO OR UNKNOWN) (IF YES, GI	only one couse per line for (a), A land (c) SED BY: SIZE - 19-9959 Deniel T. Murphy - Sec. 13 BETWEEN ONSETAND DEATH BETWEEN ONSETAND DEATH
es that the death cert ned by the attending please remove carban urial, cremation, ar re r, ar atther traumatic er	7	Conditions, if only, which gave rise to immediate cause to, stating the underlying cause last. PART 2. OTHER SIGNIFICANT	DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110
TAL RECORDS. The law required has been significant. Then the has been significant prior to be shaws any injury.	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 200. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES \[NO \frac{1}{2} \] YES \[NO \frac{1}{2} \]
PHYSICIAN FOR THE CONTROL OF VIOLENCE OF THE CONTROL OF THE CONTRO	MEDICAL CE	21a. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING] CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE 21d. IN JURY OCCURRED WHILE NOT WHILE	DEATH HOUR A.M. MONTH DAY YEAR
L OR ATTENDI the hospital or L DIRECTOR. A toched for use toched for use to Bept of Heal			pital) attended the deceased from 19 to 19
TO HOSPII refaired by TO FUNER should be with the St	23a E	224 PHYSICIAN'S WAME (TYPE OF THE STREET OF	Alexander, us 650 Richie Huy Severna Park Hd 21146
BP DHMH - 16 50M 1/81 (VRA 15, 4)	24 FI	Derial Director	3-16.82 St. Homes Cem. Howard Recommendation of the MO. BACTARCO ADDRESS SEVENCE Park

STATE OF MARYLAND

Elizabeth & Magally Made Committee aris Caretina U.S. D. Trans Household Securities the Book Servi House to Mount Mile Line white and Land Stone man TO UTTER THOMASU THE SECOND Lawrence Cornect O 38 A) 8 --Chandled at a Monday 14D Charles of African, M.D. C. C. C. L. Lang Some B. L. H. LAME Street of the st Market S. S. S. Sandal

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5	2		FOR STATE		DEPARTMENT OF	HEALTH AND MENTAL	HYGIENE	0501	0
			REGISTRAR	ME	DICAL EXAMIN	ER'S CERTIFICATE	OF DEATH	REG. NO.	
			CEASED NAME FIRST		MIDDLE	LAST	2a. DATE KNO		HOUR
	WIND AND LE	(TYP	E OR PRINT)	4	T	11-11-1-	OF EST	11- 6	0
	10000	3 SEX	A RACE	S. DATE OF BIRTH	16. AGE (IN YE)	VOVACI		- 7610	W M
	Par at the		T. KACE	MONTH DAY	YEAR LAST BIRTHDA		MIN. PRONOUNCED	20.	HOUR
	《细胞》		MALE CHITE			RS.	DEAD	3 26 1982	M
	DENE TTA		RTHPLACE LITATE OR	76. CITIZEN OF W	HAT COUNTRY?	8. MARRIED MEVER MAI	RRIED 9. BALTIMORE	CITY OR COUNTY OF DEATH	
	帝国出産を行う	PE	VNSHLVANIA	u.	S, A.	WIDOWED DIVO	CED ANNe	ARUNDEL	MD
199	お本語也 1		TY OR TOWN OF BEATH	11. NAME OF HO	SPITAL, NURSING HOME	OR OTHER INSTITUTION	, 12a. USUAL OCCUPATIO	ON (TYPE OF WORK 12b. KIND OF BUSIN	IESS
	4 CA # 80 4	171	a. Rome	Wealh	ACILITY, GIVE STREET ADDRESS)	11/2011	FOR MOST OF WORKING I		
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5	3943826	Ide S	TATE 13b. COUN	TY	13c. CITY OR TOWN	13d. INSIDE CITY LIMITS?			
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9	E-X-DX 404	14: EA	THER'S NAME	MIDDLE	LAST	15. MOTHER'S MAI	DEN NAME	LAST	
- W	### \$DZC		HARRY	R.	NOVACK	VERON	ICA A.	KOPKO	
90	O NA C	lás, V	AS DECEASEDIEVER IN U.S. ARA	AED FORCES?	166. SOCIAL SECURITY			DDRESS	
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A A	SE GENERAL CONTRACTOR	=	// VIOLENCE		7	338 LUCRETIA	M. NOVIFCK - D	DIFE- SAME AS # 1	S.
F.	OE OF U		18 CAUSE OF DEATH (Enter on PART I DEATH WAS CAUSED	RY.	for (a), (b), and (ε)	1+10		BETW EN MISET AND	DOEATH
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STO	ZZ Z F Z Z		4149	DUE TO, OR	AS A CONSEQUENCE	T 1			
			1 6			//			
2	EH#349	32.5	Canditions, of any, which	(b)		0			
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01 W. PRE	UTED WITH N PENCIL EXAMPLES STAL TRANS MENTAL OR REMOV		gave rise to immediate	DUE TO OR	AS A CONSEQUENCE O	0			
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ORDS, 301 W, PRE	CAL PORTO	N	gave rise to immediate cause (a) stating the <u>under-</u>	DUE TO, OR			PART I (a).		
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AL RECORDS, 301 W. PRE	DUID BE EXECU- PERDING. IN. SED AS A BUR HEALTH AND CREMATION, C	ICATION	gave rise to immediate cause (a) stating the <u>under</u> -lying cause last.	DUE TO OR	BUT NOT RELATED TO THE TERM		PART 1 (a).	20. AUTOPSY?	
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OF VITAL RECORDS, 301 W. PRE	HOUTD BE EXECUTED IN THE MEDICAL IN USED AS A BUELLIN AND ALL CREMATION OF	CERTIFICATION	gave rise to immediate cause (a) stating the <u>underlying cause last</u> . PART 2 DTHER SIGNIFICANT (DNDITIONS 19a. DATE OF OPERATION 21a. EXTERNAL CAUSE WAS	ONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TERMITOR FOR WHICH OPER.	NAL DISEASE OR CONDITION GIVEN IN ATION WAS PERFORMED?	PART 1 (a). RED (ENTER NATURE OF INJURY IN	YES N	10 D
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STATE OF MARYLAND

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executed within 24 hours after death. Page

/		FOR STATE REGISTRAR			DEPARTA	MENT OF H	E OF MARYLAND LEALTH AND MENT LICATE OF DEAT		IENE 8 2.	0 5	6	1 2
/	I. DE	CEASED NAME E1	izabe isabe		gnes	90	Toole Toole		20 DATE OF DEATH MONTH March	27,19	YEAR 182	26 HOUR
Q	3 SE	and the second second	F	RACE White		Augi	100		6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER	OAYS	IF UNDER 24 HRS HOURS MIN.
27	Ë	RTHPLACE (STATE OR FO OUNTRY) TANCE ITY OR TOWN OF DEA	TH 111	U.S.	HOSPITAL NURSIN	WIDOWE	OR OTHER INSTITUTI	ED _	9. BALTIMORE CITY OR CO Anne Aruno 120 USUAL OCCUPATION	de1	KIND OF	MD. F BUSINESS OR
10		en Burnie					nv. & N.	Home	Home makes		ustry In H	Iome
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medica	NC	VAS DECEASED EVER I YES, NO OR UNKNOWN)	N U.S. ARME (IF YES, GIVE W)	D FORCES? AR OR OATES)	193-22-		Mrs. M.		lece) ADDRESS Leen Graff	Same # 13	3	
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ws any injury,	CERTIFICATION	PART 2 OTHER SIGN	434		R	ena	NOT RELATED TO T	lu		IF YES, WERE CERTIFYING C.	FINDIN	IGS USED
Item 18 sho	MEDICAL CERT	21a. ACCIDENT WAS UND OR CONTRIBUTING C (IF EITHER, NOTIFY MEDICA	AUSE OF DEATH		DE INJURY M. MONTH D. M.	AY YEAR		OCCURR	ED (ENTER NATURE OF INJURY IN IT		ART 2)	
marked or	WED	216 INJURY OCCURR WHILE NOT WH AT WORK AT WOR	ILE 🗆		OF INJURY REET, FACTORY, OFFICE, F	ARM, ETC.)	211. LOCATION STREET		CITY OR TOWN	COUN	1TY	STATE
MPORTANT: If Item 21 is mo		sow the decease above. (I) (We) (d) 22b. SIGNATURE	d olive on id) (did not v	riew the body	26 19		DEGREE ATTEN	IDING	, to 3 2 death occurred on the date or MEDICAL STAFF DIRECTOR PHYSICIAN (nd hour and fre	om the c	that (I) (we) lost couses stated SIGNED 27, 82
IMPORTA		/	tafe	C	02	MA	220 ADDRESS			(Ser	rel.	no polh
	230 E	BURIAL, CREMATION, I SPECIFY) Buria:		March			ertins C		Pittsburgh	Alle	ghe	eny Pa.

Singleton Funeral Home, Glen Burnie, Md.

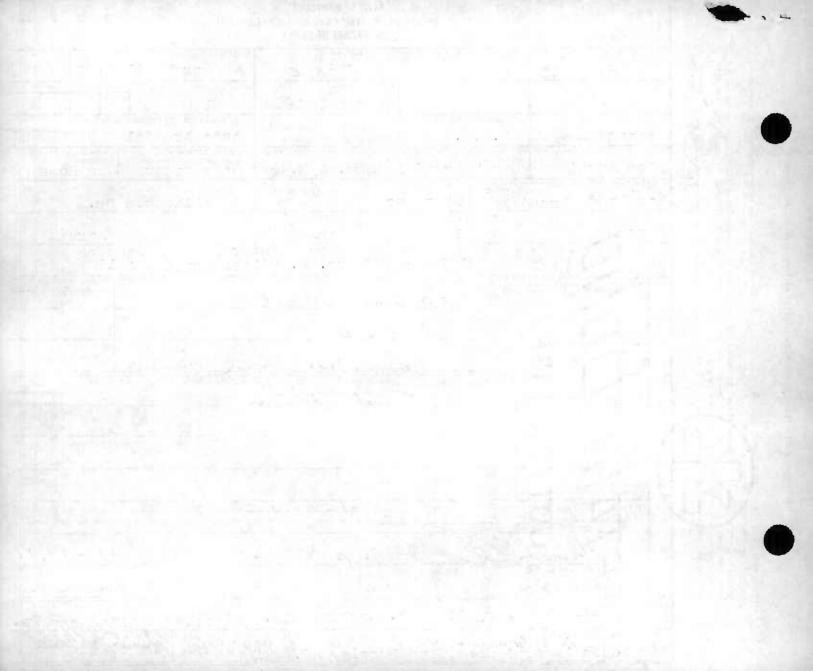
MAR 29 1982 Sistrar Signar Francis

DHMH - 16 50M 1/76 (VR A 15 (4))

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely fining should be detached for use as the burnol-transit permit. Then please remove carbon papers. Pages 1 and 2 should be detached for use as the burnol-transit permit. Then please remove carbon papers. Pages 1 and 2 should be stated begt of Health and Mental Hygiene prior to burnol, cremation, ar removal.



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should be detoched for use os the burial-transit permit. Then please remove carbanada with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remova morked or Item 18 shows ony

IMPORTANT: If Item 21 is

FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	- 3	REGISTRAR				CERTIF	ICATE OF	DEATH		REG. NO.				
	1. DECE	ASED NAME MA	RJOR:		EOLA	PINE	XINE		20. DATE O	March		1982	10:15	N
1	1 SEX			4. RACE		5. DATE C			6. AGE (IN	YEARS LAST BIRTHDAY		UNDER 1 YEAR	IF UNDER 24 HRS	-
	Fe	emale	01111	White	е	Dec.		1893	88		YRS MON	THS DAYS	HOURS MIN.	
ż	Ta. BIRT	HPLACE (STATE OF	FOREIGN	76 CITIZEN OF		Y? 8	□ NEVE	MARRIED -		RE CITY OR CO	O YTMUC	FDEATH		-
2	Mar	yland		U.S.	A .	WIDOWE		ONORCED [Ann	e Arun	del		MI	5.
ı	100	OR TOWN OF DEA			OSPITAL, NURS		R OTHER IN	STITUTION		OCCUPATION RK FOR MOST OF WO	RKING HEE	12b. KIND O INDUSTRY	F BUSINESS OR	
f		en Burni		North	Arund	el Hos	spita	1	Hous	e wife		Own F	Home	
5	13a STA	RESIDENCE (IF NURS ATE Yland	13b. COUN	other institution ITY Anne Indel	13c. CITY OR TO	ore admission) DWN Burnie		CITY LIMITS?	13e STREET 7629	ADDRESS Marcy	Dri	ve		
		HER'S NAME		MIDDLE	LAST			EIRST	AME	WIDDLE		LAS	1.	_
2		Elijah			Bramble			rtha			0	Muri	phy	
		S DECEASED EVER	HE YES, GIVE	E WAR OR DATEST	166 SOCIAL SE		17 INFORA	1	son)	ADDRESS		Same		_
	No)	N/	A	212-3	0-0788	Mr.	Richa	rd L.	Pinki.	ne	# 13		
		PART I. DEATH W	IMMEDIAT	D BY: E CAUSE (o)	Kex	DUNA JULIA JUENCE OF	tory	Car	est	Pillet		BETWEEN	MATE INTERVAL DISSET AND DEATH	_
	1	Conditions, if any, gove rise to immoouse (a), statin underlying couse	nediate ig the lost.	(c)	R AS A CONSEG	TRAK	Gro	tic C	2-11	viare	,	He	as	=
	No.	ART 2 OTHER SIGN	MIFICANTO	ONDITIONS <u>CC</u>	NIRIBUTING TO	O DEATH BUT	NOT RELATE	D TO THE TERM	MINAL DISEAS	E OR CONDITIO)N GIVEN	INPARLY		
7	CERTIFICATION	a DATE OF OPERA	TION	19b. CONDI	TION FOR WHIC	CH OPERATIO	WAS PERF	ORMED	20a AUTO			VERE FINDING CAUSES	OF DEATH?	-
9		a. ACCIDENT WAS UND		21b. TIME OF	F INJURY M. MONTH	DAY YEAR	21c HOW	NJURY OCCUP	RRED (ENTER NA	ATURE OF INJURY IN I	TEM 18 PART	OR PART 2)		_
	₹ L	OR CONTRIBUTING (111		19								
	¥ ,	WHILE NOT WH	ILE 🗍	21e. PLACE C	OF INJURY EET, FACTORY, OFFIC	E, FARM ETC)	211 LOCAT			CITY OR TOWN		COUNTY	STATE	_
		sow the decease obove (D) we) (c				80 on			, to	ed on the date a	nd hour o	nd from the	that () (we) los couses stated	t
		76 SIGNATURE	ny	DI	Holla	uxor	DEGREE		MEDICAL DIRECTOR	STAFF PHYSICIAN		3/S	SIGNED	
	I	or. Barr	y R.	Natha			Defe	ton Me nse Hi	ghway	Arts , Gamb	B1dg rill	s, Mo	d.	
	. (SPE	RIAL, CREMATION,	REMOVAL	March 1982	27, L	oudon			23d. LOCA Ba ^C 1	timore	Ci	£ÿ	Md STATE	

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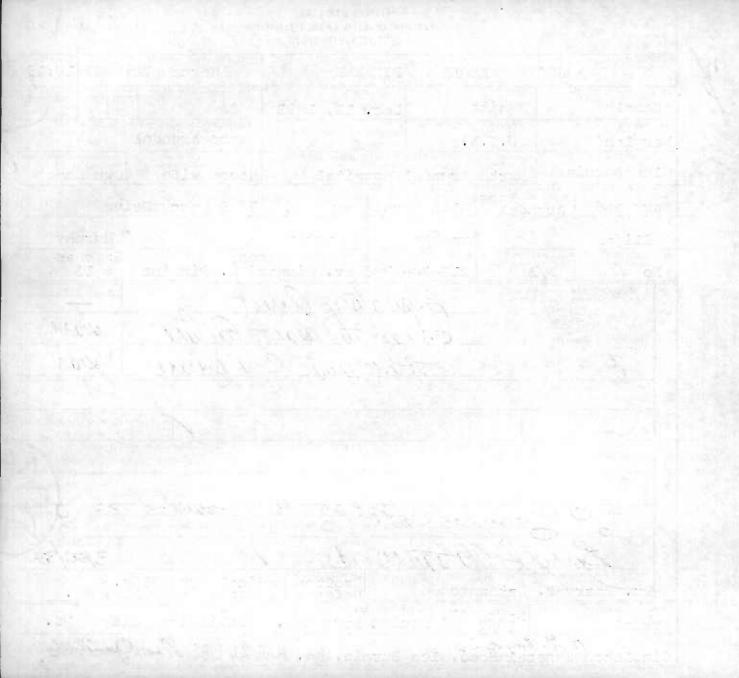
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Singleton Funeral Home, Glen Burnie, Md.

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DHMH - 16 50M 1/81 (VRA 15, 4)

REGISTRAR

126 KIND OF BUSINESS OR 1 Cash Regist. 307 Margate Dr. Shrodes Same as # 13 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [NO I 214. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY STATE 2 and that in (my) (aur) apinion death accurred an the date and havr ond from the causes stated 22c. DATE SIGNED Marsh₂ (SPECIFY) Burial Glen Haven Mem. Pk. Glen Burnie, A.A. Singleton Funeral Home, Glen Burnie, Md

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

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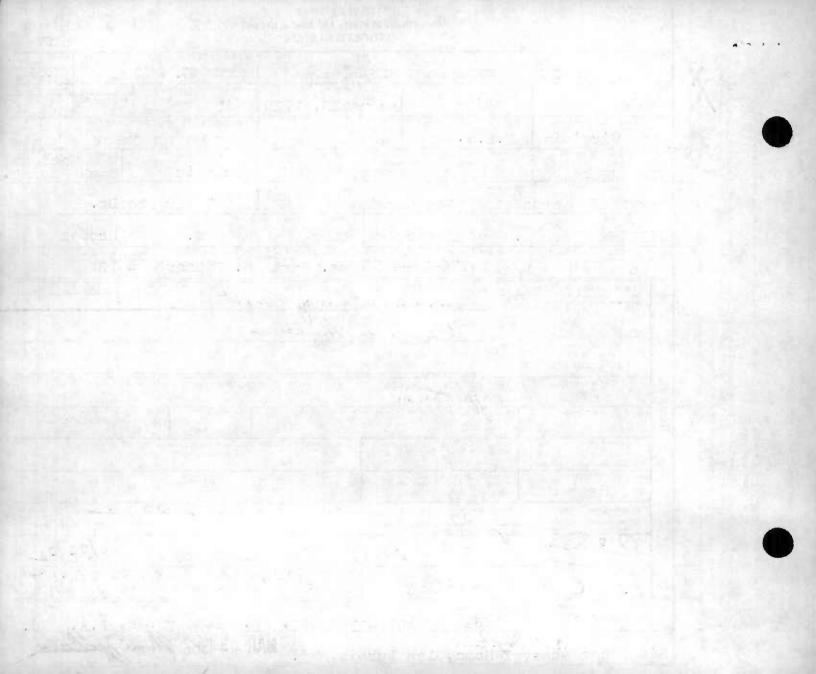
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IF UNDER 24 HRS

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IF UNDER I YEAR

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FOR STATE

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medical examiner

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

		REGISTRAR		CERTIF	ICATE OF DEATH	REG. NO	O.	
		CEASED NAME FIRST	MIDDLE	8	entr.		MONTH DAY YE	2 D. HOUR
	3. SEX	M	RACE	S. DATE C	-23- 13	6 AGE (IN YEARS LAST BIR		YEAR IF UNDER 24 HRS DAYS HOURS MIN.
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3	h	NNADOLB	IF NOT IN SUCH ACILITY,	GIVE STREET AUDIESSI	EVEL HOSPHAL	17a USUAL OCCUPATI (TYPE OF WORK FOR MOST O		ND OF BUSINESS OR
E	13a. S	AL RESIDENCE (IF NURSING HOME OR O STATE 13b. COUNT ARYLAND A.A	THER INSTITUTION GIVE RESIDENCE 130 CITY GLE	ORTOWN	13d. INSIDE CITY LIMITS?	13e. STREEK APPRESS		
20	14 FA	THER'S NAME OLLIE	IDDIE	PRATT	BARBARA	AME	GROSS	LAST
1		VAS DECEASED EVER IN U.S. ARM VES. NOORUNKNOWN) (IF YES. GIVE	MAROR DATES) 218-1	49315	IT INFORMANT LILLIAN EVAN	NS 912 A Roy		napolis, Md
		18 CAUSE OF DEATH Enter only PART I. DEATH WAS CAUSED IMMEDIATE Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost PART 2 OTHER SIGNIFICANT CO	DUE TO, OR AS A CO	DIATON ONSEQUENCE OF ALLIST - CONSEQUENCE OF	Ascular a	Pacidant MINAL DISEASE OR CONI	/	PROXIMATE INTERVAL WEEN ONSET AND DEATH 22 MM . RT 110
2	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FO	R WHICH OPERATIO	n was performed	200 AUTOPSY? YES NOW	20b. IF YES, WERE FIN CERTIFYING CAI	INDINGS USED USES OF DEATH? NO
7	MEDICAL CE	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF GEATING THE WAS UNDERLY WEDICAL EXAMINER) 21d INJURY OCCURRED WHILE AT WORK AT WORK	21b. TIME OF INJURY HOUR A.M. MO P.M. 21e. PLACE OF INJUR I AT HOME STREET, FACTOR	NTH DAY YEAR 19	211. HOW INJURY OCCUR	RRED (ENTER NATURE OF INJUR CITY OR TO		
		220 1 certify that (this hospital saw the deceased alive early (we) (did) (fid non 22b. SIGNATURE	view the body offer dead	19 33 , or	DEGREE ATTENDING PHYSICIAN	MEDICAL STAF	22c. [that (1) (we) lost in the couses stated DATE SIGNED,
1	00.0	22d. PHYSTCIAN SNAME AYPE A BARRY K	2. NATHAI	USON	1438 JOPE	WSE HOLY.	GAMBR.	TUS MI).
	- (BURIAL BURIAL	3-29-1982	CROWNS	TILLE VET. CE			. Maryland
	WI	LLTAM REESE & S	ONS MORTUAR	Applis, M	U.a	TE REC'D. BY REGISTRAN 140 26 1982	Prancis Sic	en Warthen

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REGISTRAR

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

2b. HOUR

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IF UNDER 24 HRS

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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE

REGISTRAR

Burial

Balto.

George J. Gonce 4001

24 FUNERAL DIRECTOR

DECEASED NAME

CERTIFICATE OF DEATH

LAST

25a. DATE REC'D

Cedar Hill Cemetery Brooklyn

Ritchie Hgwy

REG. NO

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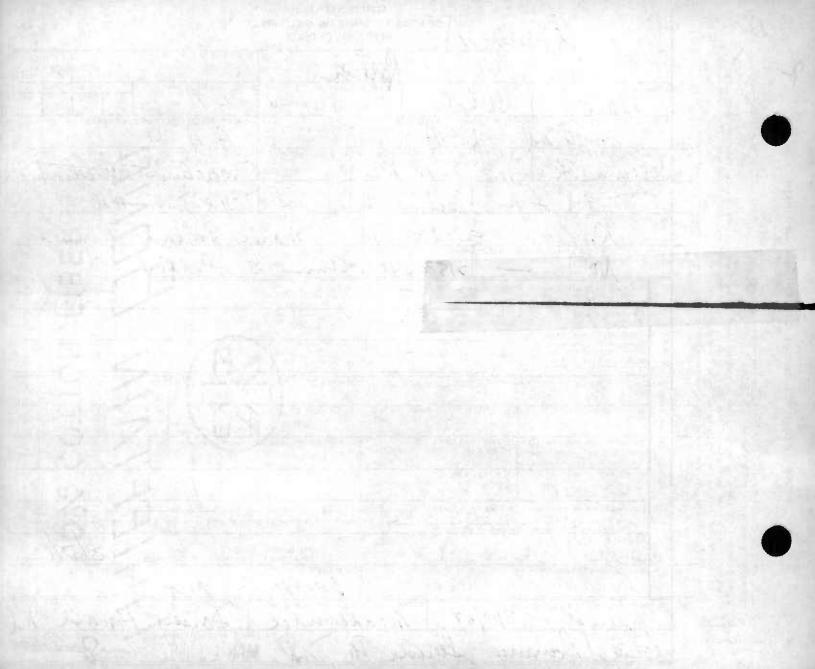
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Glen Haven Mem.Pk. Glen Burnie Alers 16 1982

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230. BURIAL, CREMATION REMOVAL Burial

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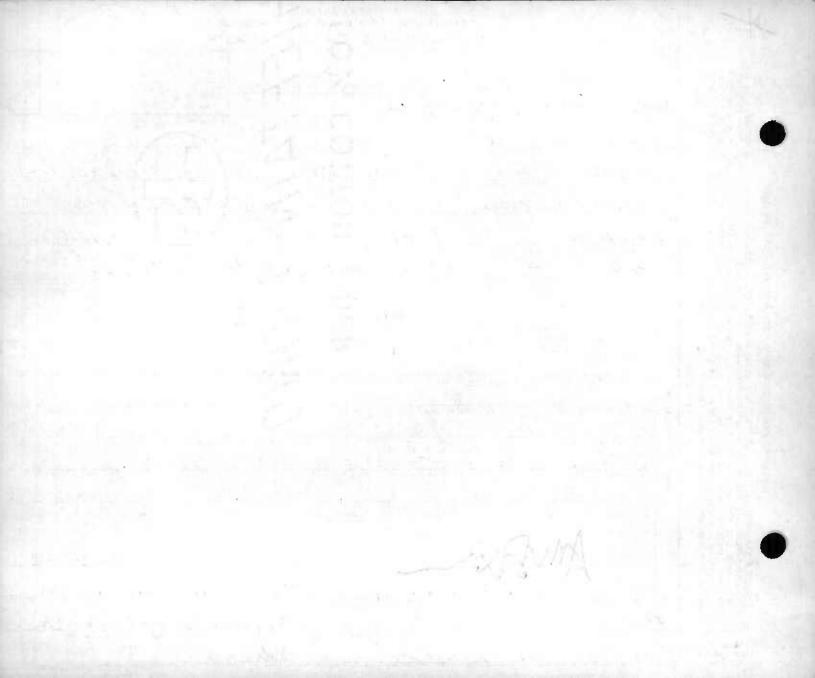
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James S. Kirkley, Glen Burnie, MD

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Š	RITIN RRITIN RRDEI 3E 3 3E 3 1 PRI	×	WHILE AT WORK	NOT WHILE	STREET, FA	CTORY, FARM, ETC.)	-	1450	574		ITY OR TOWN		COUNT	Y	STATE
	EWA PAC PAC 120	0.5	ATWORK	AT WORK	173	y		4750	nes		7 - 7		14 ME	4	MA
	HE POLO)	22a. I certify	that I took cho	rge of the remains de	escribed above, held	an Autor	sy 🔲 .	Inspection	□.	Inquiry L	, and ir	n my apini	an	
	MIN BE	-	death resulted	from:) Nat	yral causes	Accident 🔼	Suicide	, Hamici	de 🔲	Undetern	nined manne	er L.			
	EXA DIR WIT WIT		.cm. /	70) ./			TITLE (SP	ECIFY)						
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	TO MEDICAL EXAMINER: THIS CE EXECUTE THE CERTIFICATE, WRITIN PAGE 4 SHOULD BE FORWARDET TO FUNERAL DIRECTOR: PAGE AFTER DEATH, WITH THE STATE OF BALTIMORE, MARYLAND, 21201 PRI		EXAMINER'S N (TYPE OR PRIN	AME E	LINHAN.	207		ADDRESS	Un	not.	o lin	Ner			
	PAC AFT BAL	23o. Bl	JRIAL, CREMATI	ON, REMOVAL	23b. DATE	23c. NAME OF	CEMETERY C		RY	23d. LOCA	ATION		COUNTY		STATE
	BP	{5	BURI	AL	3-20-8	82 GRAPM	Spriks	5 Cem	tes	WAL	SH S	MARS_	COUNTY	Tu	Va
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11/2	1	FOR		ATE OF MARYLAND	CIPAIR	
9 3	1-	STATE		FHEALTH AND MENTAL HY NER'S CERTIFICATE OF		5 0 2 2
13	1. DI	REGISTRAR CEASED NAME FIRST	MEDICAL EXAMI	LAST	KEG. IVO.	**************************************
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THE REAL PROPERTY.	1	-	MONTH DAY YEAR LAST BIRTH		PRONOUNCED	26. HOOK
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A AGE	10.0	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HOM		12a. USUAL OCCUPATION (TYPE OF WOR FOR MOST OF WORKING LIFE)	OR INDUSTRY
프로 #	14	Nuspolis	HUNE HROUND		STudent.	
ANNY CANNO 3 ANNO 3 COULD SECOND		AL RESIDENCE (IF IN NURSING HOME TATE 13b GOUL	OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMIS		13e. STREET ADDRESS	
4 4 4 M 5 M		Md. Hun	e ARundel CroFto	V YES NO [1708 E. BANCE	oft La.
9 1 2 2 4	I4.F	ATHER'S NAME	MIDDLE LAST	15. MOTHER'S MAIDEN	NAME MIDDLE	LAST.
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A 425	160	WAS DECEMSED EVER IN U.S. AF	RMED FORCES? 166. SOCIAL SECUR	ITY NO. 17. INFORMANT	7 ADDRESS St.	S.E.
SCISE E	1	NO -		Edwin F.	Bell LEASH. D.	Č
ST., 8 HOURS A 18. GI AMIT. P.		18 CAUSE OF DEATH (Enter o	nly ane cause per line far (a), (b), and (c).	1		APPROXIDATE PTERVAL
	614	PART I DEATH WAS CAUSI	ATE CAUSE (o) healthle	Insurels.		Stater
PRESTON VITHIN 24 CIL IN ITER ANSIT PER	7 5	8/21	DUE TO, OR AS A COMSEQUENCE	0	Lead III vara	
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OT W. PRES	REV	couse (a) stating the under		OF	E II DEVIRONINA	
301 CUTE IN P IN P IN P	ő	lying cause lost.	(c)			
EXECUTION OF THE AND HAND	Z O	PART 2 OTHER SIGNIFICANT CONDITION	S CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TEL	RMINAL DISEASE DR CONDITION GIVEN IN PART	1 (a),	
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DIVISION OF VITAL S CERTIFICATE SHOI RITING THE WORD RED TO THE CHIE RED TO TH	E CE	210. EXTERNAL CAUSE WAS	216. TIME OF INJURY HOUR A.M. MONTH DAY YE	21c. HOW INJURY OCCURRED	LENTER NATURE OF INJURY IN ITEM 18 PART I OR	PART 2)
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VISIC VISIC ED 1 3 SH 23 SH 29 SEPA	MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, FARM, ETC.)	21f LOCATION STREET	CITY OF TOWN	
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TO MEDICAL E EXECUTE THE O PAGE 4 SHOU TO FUNERAL D AFTER DEATH Y	73n F	URIAL, CREMATION, REMOVAL		ADDRESS EMETERY OR CREMATORY	27 LOCATION CITY OR TOWN	
	(B C. DI SI	3-20-82 WARM	1 1 4-	Illand Carra 1h	ATh Va
BP	24. F	UNERAL DIRECTOR	J CO O Z IWART		C'D. BY REGISTRAR 256 BEGISTRAR	
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1700 - 34		OR PRINT)	Labu		D		0-6		20	OF E	SII.			
3	3. SEX	1/	Johr	5. DATE OF BIRTH	D.	AGE (IN YEARS IF	Schaie	IF UNDER 2	24 HDC 2	DEATH M	AIED [3 MONTH	29 1982 DAY YEA	
	Ма		White	July 16	YEAR	48 YRS.	ONTHS DAYS	HOURS		DATE RONOUNCE DEAD	ED	3	29 1982	9:17F
	7a. BIRT	THPLACE (STA	TE OR	76 CITIZEN OF W	HAT COUNTRY	? 8. MA	RRIED NE	VER MARRIE	FD 7	BALTIMOR	RE CITY OF	COUNT	Y OF DEATH	
12		Ohio		USA			OWED [DIVORCE		Anne /	Arund	el Co	ounty,	AAD
-	10. CITY	OR TOWN C	F DEATH	11. NAME OF HOS	SPITAL, NURSIN	IG HOME, OR C	THER INSTITU	JTION	12o. USUA		TION (TYPE		12b KIND OF OR INDU	BUSINESS
5		nnapoli		Anne Aru	nde! Ge	neral H	ospital			etire			U.S. 1	
5	13a. STA	residence (ate ryland	1136 COUNT	R OTHER INSTITUTION, G TY L Mary's	13c. CITY OR		e YES	CITY LIMITS?	13e. STREE 362	T ADDRESS Wate:	rview	Driv	ve 20	659
1		HER'S NAME		WIDDLE	LAST	1311	15 MOTH	ER'S MAIDEN	NAME	MIDDI			LAST	
	-	John			Scha	ier	Ha	attie				1	Franks	
1	(YES.	AS DECEASED . NO, OR UNKNOV Yes	EVER IN U.S. ARA	WAR OR DATEST		SECURITY NO. 6-7218	Son- 8212	Micha McCle	el J. lland	Schair Pl.,	address ier Alex	andri	ia, Va	. 22309
9		B. CAUSE OF	DEATH (Enter an)	y ane cause per line	far (a), (b), an	d (c).)							APPROXIM	ATE INTERVAL
		PARTIDEA	TH WAS CAUSED	E CAUSE (a) Ar	teriosc	<i>ierotic</i>	cardio	ovascu	lar d	isease	Э		BETWEEN ON	ISET AND DEATH
		429	2		AS A CONSEC									Un de
- - 3	-		, if any, which	(b)										
		cause (a) s lying caus	tating the under-	DUE TO, OR	AS A CONSEC	DUENCE OF				111				
				(c)										
		PART 2 DINER SIGI	VIFICANT CONDITIONS	CONTRIBUTING TO DEATN	BUT NOT RELATED 1	O THE TERMINAL DIS	EASE OR CONDITIO	IN GIVEN IN PART	T 1 10.					
	3	190. DATE OF	PERATION	19b. CONDI	TION FOR WHI	CH OPERATION	WAS PERFOR	RMED?					20 AUTOPS	SY?
	E												YESX] NO []
5	(1)	10. EXTERNAL		21b. TIME OF	FINJURY	Y YEAR 21c	HOW INJURY	OCCURRED) LENTER NA	TURE OF INJURY	IN ITEM 18 PA	ART I OR PAR	- / \	
7	3		OR G CAUSE OF D	DEATH P.N		19								
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		AT WORK	NOT WHILE	S. C.	, ., ., ., ., .,					CIII OK IOWN		COU	1314	STATE
		22a. I certify	that I took chara	e of the remains de	scribed above I	reld of Au	apsy X	Inspection		Inquiry	ond	іл ту арі	ınıan	-
		death resulted		al causes KIA	Accident _	Suicide	, Hamis			mined mann		my upi	in real t	
			(1)		5)	- Contract		SPECIFY)	0361611					
		ACTUAL SIGNATURE	M	mork)	m	X	- Deput	ty Chi	ef	AL EXAMIN	ED	DATE	3/3	30/82
	-		-000			4			MEDIC	DI EVAMIN	LN	SIGNEL		
4		XAMINER'S N		nas D. Sm	ith, M.	D.	ADDRESS_	11	I Pen	n St.	Ba	Ito.,	, MD.	
	23a. BUR	RIAL, CREMAT	ON, REMOVAL 2	3b. DATE	23c. NAM	E OF CEMETER	OR CREMATO	ORY	23d. LOC CITY OR	ATION		COUN	ITY	STATE
		Bur		Apr. 2 82	Tri	nity Men	norial	Garden	15 1	Waldor			M	id.
	- 1	VERAL DIRECT	- J. J.	ADDRESS			00011	TOPRTE RI	EC'D. BY R	EGISTRAR	13b. REGIS	TRAR'S S	GWATURE	-
	Den	naine F	uneral H	lomes, In	c., Ale	x., Va.	22314	,, ()	101	VL		R		

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DHMH - 16 50M 1/B1 (VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1	FOR - STATE	D		TH AND MENTAL HYG	GIENE 6 2	0 5	0 5 3
	REGISTRAR		CERTIFICA	TE OF DEATH	REG. N	10.	
	ECEASED NAME FIRST	MIDDLE	LAST		20 DATE OF DEATH	MONTH DAY Y	YEAR 26 HOUR
1	Richa	PD L	Shapa	no kar	March	20 19	827:36 M
3. SE	X	4 RACE	5. DATE OF BI	RTH	6. AGE LIN YEARS LAST BE	RTHDAY) IF UNDER	
	Malo	1.11:1-	MONTH	DAY YEAR	10	MONTHS	DAYS HOURS MIN.
-	77076	white	- 11	7 /2	67	YRS.	
70. B	IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COL		NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY OF DEA	TH
	Maryland	U.S. H	WIDOWED	DIVORCED	Anne 1	Frunde	/ MD.
10 0	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL,	NURSING HOME OR O	THER INSTITUTION	120 USUAL OCCUPAT	OF WORKING LIFE) INDU	IND OF BUSINESS OR
1/5	len Rurnia.	Month An	undel Ho	6	March	OF WORKING (IFE) INDO	:1 1
ASU	AL RESIDENCE (IF NURSING HOME OF		ICE BEFORE ADMISSION)	9.	· /cuhan	- 10	1 00
13a.	STATE 136 COU	130.50	4	INSIDE CITY LIMITS?	13e STREET ADDRESS	1	1.0 0
1	11.	·H- Igso	idena YE		18378	Country	Lite Kd
14. F	ATHER'S NAME	MIDDLE	AST 15.	MOTHER'S MAIDEN NA	ME		1467
	Richard	1 -1	maker	Roothe	MIDDLE	M	(ASI
16a '	WAS DECEASED EVER IN U.S. AR			INFORMANT	ADDR	ESS	Jari
	4.4	VE WAR OR OATES)	THE RESERVE	- 1 -1			
	ges W	WIL -	- 4	vanie JA	cemaker	Jec	.13
	CAUSE OF DEATH (Enter or	nly ane cause per line for (a)	, (b), and (c).	. 11 1.	1 01	BET	APPROXIMATE INTERVAL
-	PART I. DEATH WAS CAUSE	TE CAUSE (a)	1 - La drumb	shock 10	Leufe	ena	
	2099	7.000	1	0 0	5 0 0	-	
18	000	DUE TO, OR AS A COL	NSCOUENCE OF	3 to Olyen Pe	. 1 La Vieros	Durk	
	Canditions, if any, which gove rise to immediate	(b)	warre c) is free rec	a juine	Mitan	
	couse (a), stating the	DUE TO, OR AS A CO	SEQUENCE OF)	,		
	underlying cause lost.	(('or Val	manali			
	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTION	NG TO DEATH BUT NOT	RELATED TO THE TERM	AINAL DISEASE OR CON	IDITION GIVEN IN PA	APT 1(a)
Z						DINOR ON EN INTE	
CERTIFICATION	190 DATE OF OPERATION	LIGHT CONIDITION FOR	WHICH OPERATION W	A C DEDICODATE	I an AUTODOVA	TODA IS VES MEDEL	Fh10h100
Ö	THE DATE OF OPERATION	170 CONDITION FOR	WHICH OPERATION W	ASPERFORMED	20a AUTOPSY?	20b. IF YES, WERE F	AUSES OF DEATH?
ΙĒ					YES NO	YES 🗌	NO 🗌
8	210 ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	210	HOW INJURY OCCUR	RED (ENTER NATURE OF INJ	JRY IN ITEM IB PART I OR PA	ART 2)
¥	OR CONTRIBUTING CAUSE OF DEA						
MEDICAL	214 INJURY OCCURRED	21e PLACE OF INJURY	19	LOCATION			
WE		(AT HOME, STREET, FACTORY,		STREET	CITY OR TO	OWN COUR	NTY STATE
-	AT WORK NOT WHILE			E moral areas			
	22a. I certify that (I) (this hospi	Iral) attended the deceased	from 3 - 2/	1980	, to3 - 3	0 1982	, that (I) (re) last
100	saw the deceased alive an		_19, and the	ot in (my) (oo r) opinion	death accurred on the a	late and hour and fro	m the causes stated
	226. SIGNATUR	at) view the bady after death	DEGI	DEE		122.	DATE SIGNED
	1/2	00 21. 10	1.0/10	ATTENDING	MEDICAL STA		DATE SIGNED
	NAMO	da M. Ir	iau)	PHYSICIAN [DIRECTOR PHYSI	CIAN	1-31-25
	226. PHYSICIAN'S NAME (TYPE C	OR PRINT)	7220	ADDRESS		MI). 21M6 ~
	Donald	1. 11.	10 P	Phinen-	01 ,0	11/2 =	D. D.
220	BUBIAL CREMATION RESOURCE	Tan DATE		COBINSONA	Jan Joseph	s way s	everna jark
230.	BURIAL, CREMATION, REMOVAL		23c. NAME OF CEME	TERY OR CREMATORY	23d. LOCATION	country	STARE
	Burial	3-30.82	Varyland 1	let. Cem.	Crowns	villa the	110 -110

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V		1		STATE OF MARYLAND	0 0 0	F 13 V
6	(20)	1	FOR STATE REGISTRAR	DEPARTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH		0 2 0
	(IVI)	1.0	ECEASED NAME FIRST	MIDDLE LAST	REG. NO. 2a DATE OF DEATH MONTH DAY YEAR	Tak HOUR
			PEOR PRINT) ETERNOR	R. Slama	3/10/82	2b. HOUR
	pod a	3. S	11 10 07	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR	R IF UNDER 24 HRS
	rector, urs aft	L	Female W	bite Sept 28,4922	VRS. MONTHS DAYS	S HOURS MIN.
	th. Po	£ 70.	BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN COUNTRY)	OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED		
	fune thin	10	CITY OR TOWN OF DEATH 11. NAME	OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION	- I I I I I I I I I I I I I I I I I I I	OF BUSINESS OR
5	by the filled wi	00		N SUCH FACILITY, GIVE STREET ADDRESS)	(TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY	
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	fille 24	5 130	STATE 13b. COUNTY	HING DO 1 S YES NO X	Box 1935-C General	isHighway
MARYLAND	within d 2 sh	7 4 14.1	ATHER'S NAME	15. MOTHER'S MAIDEN N		AST SAYOI
¥	omple ond	-0	A. Lucian	Brady Ada	Jung	ers
ORE,	e execut n and co Pages 1		WAS DECEASED EVER IN U.S. ARMED FORC		ADDRESS Same	25
Ĭ	Page e	<u> </u>	No I	215-16-5692 Michard F	Slama Sr. #13	
BALTIMOR	sperior apper		18 CAUSE OF DEATH (Enter only one coust PART I. DEATH WAS CAUSED BY:	e per line tox (ay (b), and	APPRO	DXIMATE INTERVAL N ONSET AND DEATH
ST.,	g ph bonp remo		IMMEDIATE CAUSE) / muyer 1/ uje	rome	
o O	outh c cart	11 2		O, OR AS A CONSEQUENCE OF		
PREST	atte move notian		Conditions, if ony, which gove rise to immediate)		
3	by the		cause (a), stating the DUET underlying cause lost.	O, OR AS A CONSEQUENCE OF		
201	pled urial		PART 2 OTHER SIGNIFICANT CONDITION)	RMINAL DISEASE OR CONDITION GIVEN IN PART I	1(a)
SDS,	significant signif	Z				
RECORD	been mit. I priar ony ii	AT	196 DATE OF OPERATION 196. CO	DNDITION FOR WHICH OPERATION WAS PERFORMED	20a AUTOPSY? 20b. IF YES, WERE FIND	INGS USED
2	nos per nos	CERTIFICATION	200		YES NOW YES YES	NO [
VITAL	F 2 9 5 6	O W		ME OF INJURY R. A.M. MONTH DAY YEAR	JRRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)	
DIVISION OF	11	7 8	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	P.M. 19		
0	G PHYSIC ottending er this cel er the buric s the buric and Men	MEDICAL	CATHO	ACE OF INJURY ALE STREET, FACTORY, OFFICE, FARM, ETC.) 21f. LOCATION STREET	CITY OR TOWN COUNTY	STATE
SI >	NG PH r otten as the t th and orked o	>	WHILE NOT WHILE AT WORK	STREET, PACIONS, OFFICE, PARM, ETC.)		
۵	S S S S S S S S S S S S S S S S S S S		22a.1 certify that (I) (this hospital) attend		, to 3/10/82 19	, that (I) (we) lost
	R ATTER hospita RECTOR hed for of H tem 21 i		saw the deceased alive an 3/	مراع کا او سرم) (ond that in (my) مراعت opinic	on death accurred on the date and hour and from th	ie causes stoted
	OR AT be hosp DIRECT Sched for Dept. o		274 SIGNATURE 11 /	DEGREE	39	E SIGNED
	Y the y the RAL DI detoch ate De LAT. If H		Story 1 WOOD	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	0/85
	HOSPITAL ined by the FUNERAL ould be detrophered by the State PORTANT:	1	724. PHYSICIAMS NAME (TWE OR MINT)	22e ADDRESS) 1 -1. O 3-	
	TO HOSPITAL OR A retoined by the hos TO FUNERAL DIRECT should be detoched with the State Dept.		I Stanley T. Wa	TKibs 121 Cathe	dral St. Honapolis	W17
	E 5 E 0 3 Z	230	BURIAL, CREMATION, REMOVAL 236. DAT	E 23c. NAME OF CEMETERY OR CREMATOR	CITY OR TOWN	Q /A/E
	BP		Durial Mar	12,1982 Cedar Bluff	Honapolis A.A.	umm
D	HMH-16 30M 2/80	24	FUNERAL DIRECTOR	ADDRESS	ATE REC'D. BY REGISTRAN BIS OF THE REC'D. BY R	1120
	(VRA 15, 4)	7	ohn M. Taylor & Jo	ins Annapolis MI) M	AR 1 2 1982	

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DHMH - 16 50M 1/81 (VRA 15, 4)

KOBERT S. BARRANCO

STATE OF MARYLAND

23 FINAPELIS EST HAWAR NURSEING HOME MACHINE DEEL COMMEND PLACE MD three farmer A wares X Titley A remained OM нтина Така (El 24 de 5175 A GEER A SMITH (SAME HE 13) BURNAL STEERWINGS TO STANFOLD COM KURSETT S. SHERMING STOPPEN SHEEL BUT

STATE OF MARYLAND

SSIIS . 6.4 december 955 % Revenue Lot and and the Siise Florest Leorgia Socti 220-U - Call I. Salthi (comp no 13e) Stillion, Something the state of the stillions, d. Catago J. Conon L. . 1001 Bitchite Igny. (3) | 14th Tories

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR 1 DECEASED NAME MIDDLE 7b. HOUR (TYPE OR PRINT) NEITLE SMITH MARCH 23, 1982 I. SEX 4 RACE 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER TYEAR White t emale 14. 1908 Dec. BIRTHPLACE 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Manuland ANNE ARUNDEL COUNTY DIVORCED [WIDOWED O CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTR: GLEN BURNTE NORTH ARUNDEL HOSPITAL Homemaken Home Anne Arunde 8410 Bussendius Rd. Pasadena 13d. INSIDE CITY LIMITS? lanuland 21122 FATHER'S NAME IS MOTHER'S MAIDEN NAME MIDDLE Unknown Louman 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO 17 INFORMANT ADDRESS (YES NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 216-10-7313 Mr. Dureward Smith Same as #13 NO 18 CAUSE OF DEATH (Enter only one couse per line PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE Conditions, if ony, which gove rise to immediate couse (o), stoting DUE TO, OR AS A CONSEQUENCE OF underlying couse RT 2 OTHER SIGNIFIGANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISE WE OF CONDITION GIVEN IN PART 1:0 IN DATE OF OPERATION Ph CONDITION FOR WHUCH OPERATION WAS PERFORM 20b. IF YES, WERE FINDINGS USED 20a AUTOPSY IN CERTIFYING CAUSES OF DEATH? NO | 210 ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 214 INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE FARM, ETC.) WHILE NOT WHILE 22a. I certify that (1) (this hospital) attended the deceased from sow the deceased alive on_ and that in (my) (our) apinion death occurred on the date and hour and from the causes stated DEGREE 22¢ DATE SIGNED ATTENDING MEDICAL STAFF DIRECTOR PHYSICIAN PHYSICIAN 22e ADDRESS

Howard, Md.

HOSPITAL DRIVE, SUITE 208 HILARY T. O'HERLIHY, M.D. BURNIE, MARYLAND 21061 230. BURIAL, CREMATION, REMOVAL 23¢ NAME OF CEMETERY OR CREMATORY ISPECIFY Burial Poplar Springs Con. Poplar Springs, Mc Cully Funeral Home of Pasadena 21122

DHMH - 16 50M 1/81 (VRA 15, 4)

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MEDICAL

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				STATE OF MARYLAND						
T - STA			DEPART	MENT OF HEALTH AND MENTAL CERTIFICATE OF DEATH	HYGIENE 3 A. REG. NO.	S S S O EST				
DECEASE	ED NAME FIRST	^	AIDDLE	LAST	20. DATE OF DEATH MONTH DAY	20. HOOK				
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	PEARL	EI	LEN	SMITH	MARCH 15, 1982	8:20 P				
SEX		4 RACE		5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY) IF	UNDER 1 YEAR IF UNDER 24 HRS				
I	Female	Whi	.te	Dec. 29, 188	94 _{YRS} ^{MOI}	NTHS DAYS HOURS MIN.				
BIRTHPL	ACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNTY O	FDEATH				
V	irginia		S.A.	WIDOWED DIVORCED	DIVORCED □ ANNE ARUNDEL COUNTY					
CITY OR	TOWN OF DEATH	11. NAME OF H	OSPITAL, NURSING FACILITY, GIVE STREET	NG HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE)	126. KIND OF BUSINESS OR				
GLEN	BURNIE			NDEL HOSPITAL	Homemaker	Own Home				
SUAL RES	IDENCE (IF NURSING HOME OF	ROTHER INSTITUTION	GIVE RESIDENCE BEFOR	RE ADMISSION) VN . [13d. INSIDE CITY LIM]						
	ryland A	.A.	Glen Bu	urnie 13d. INSIDE CITY LIMI		Avenue				
FATHER'	S NAME FIRST	MIDDLE	LASI	15 MOTHER'S MAIDE	1110014	1				
W	illiam		Rich	n Éme:	line "	(unknown)				
	OR UNKNOWN) I (IF YES, GIV	RMED FORCES?	166 SOCIAL SECU	URITY NO. 17. INFORMANT	Son ADDRESS Same	e as # 13				
_	-	n/a	219.22	.4035 Mr. Eas	1 L. Smith					
18 C	AUSE OF DEATH LEnter of ART I. DEATH WAS CAUSE IMMEDIA	nly one couse per ED BY: TE CAUSE (0)	line for (a), (b), an	spiration	Preumonia	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH				
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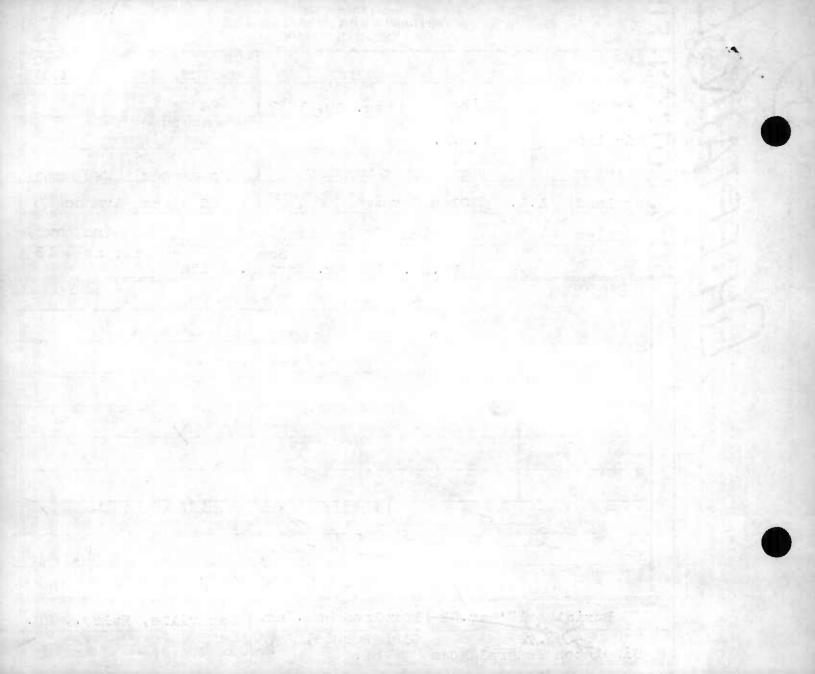
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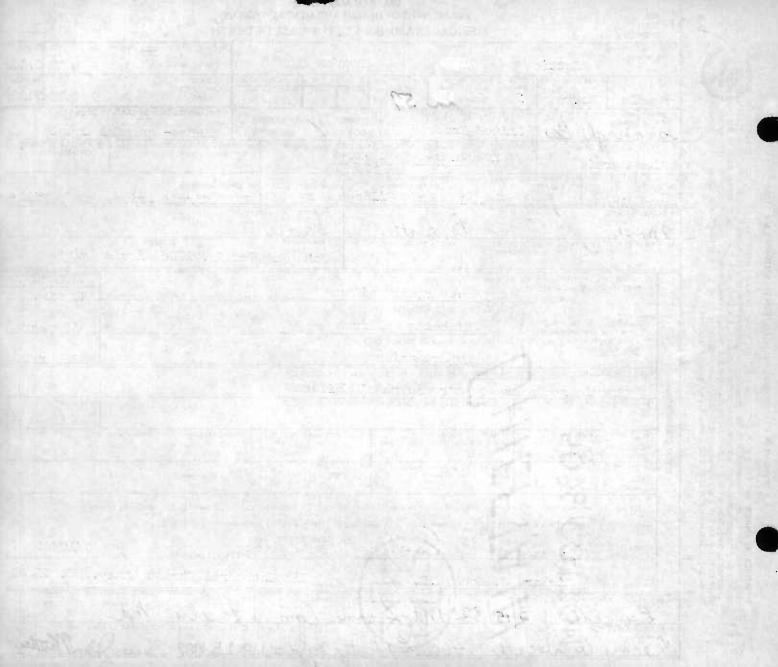
Singleton Funeral Home MD. 74 FUNERAL DIRECTOR

Parkville, Balto., MD.

250. DATE REC'D, BY REGISTRAR 256. DEGISTRAR'S SIGNATURE



1	1-	FOR STATE		MENT OF HEALTH AND EXAMINER'S CERT	MENTAL HYGIE	ATL	5 5 3 1
100	I DE	REGISTRAR CEASED NAME FIRST	MIDDLE	LAST	IFICATE OF DE	KEO, ITO.	
la		OR PRINT) Hatti		Snowder	n	OF ESTI- XX	
10	3. SE>	I4 RACE	S. DATE OF BIRTH			DEATH MATED 3	- M
2	2		MONTH DAY YEAR	6. AGE (IN YEARS IF UNDER 1 LAST BIRTHDAY) MONTHS DA		PRONOUNCED	20. 1100K
		emale Negro	5 15 22	59 YRS.		DEAD 3	17 /01
See	70. 34	RTHPLACE (STATE OR	76. CITIZEN OF WHAT COUNT	RY? B. MARRIED	NEVER MARRIED	9. BALTIMORE CITY OR CO	OUNTY OF DEATH
1	Jo	vanagh Da	United Sates	WIDOWED V	DIVORCED [Annae- Arur	
Н		Y OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUR	SING HOME, OR OTHER INS		UAL OCCUPATION (TYPE OF W	ORK 12b. KIND OF BUSINESS OR INDUSTRY
		len Burnie	North Arund				
1	USUA 13a. S	L RESIDENCE (IF IN NURSING HOME OF			SIDE CITY LIMITS? 130, STI	REET ADDRESS	,
2		Maruland An		ade Village YES	- em		re, Meade Villag
		THER'S NAME	MIDDLE . N	15. MG	OTHER'S MAIDEN NAM		LAST
2	4	hose	ZIM	ntly 1	adul	MIDDEC	LASI
	16a. V	AS DECEASED EVER IN U.S. AR	MED FORCES? 16b. SOC WAR OR DATES)	- //	FORMANT	ADDRESS	MINISTER OF THE
	, ,,	NO	WAR OR DATES	Jo	ohn Snowden	,Sr. 1726 Circ	cle Drive
-		18 CAUSE OF DEATH (Enter on	ly ane cause per line far (a), (b),	and (c).)			APPROXIMATE INTERVAL
			D BY: TE CAUSE (a) Acute r				30 min.
		2500 immedia	DUE TO, OR AS A CON				30 min.
New York		Canditions, if any, which	Diahet	es Mellitus			10
		gave rise to immediate cause (a) stating the under-	DUE TO, OR AS A CONS				10 years
		lying cause last.					
		PART 2 OTHER SIGNIFICANT CONDITIONS		ension	AND THE RESERVE OF THE PARTY		15 yrs.
	Z						
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1	FICA		TIVE CONDITION OR V	MOTO ENATION WAS PER	WORMED:		20. AUTOPSY?
1	ERT	210 EXTERNAL CAUSE WAS	21b. TIME OF INJURY	Late Hower	ILIDY OCCUPATO	ALLE TOP OF STREET	YES NO X
31		UNDERLYING OR	HOUR A.M. MONTH	DAY YEAR	JUKT OCCURRED (ENTER	NATURE OF INJURY IN ITEM 18 PART 1	OR PART 2)
	MEDICAL	CONTRIBUTING CAUSE OF D		19			
	MEC	WHILE NOT WHILE	21e. PLACE OF INJURY STREET, FACTORY, FARM, ETG		N	CITY OR TOWN	COUNTY STATE
		AT WORK AT WORK	AND SANTE LINE				
		22a. I certify that I taak charg	e of the remains described abov	e, held an Autapsy	nspection X,	Inquiry . and in m	ny opinian
			al causes Accident			termined manner ,	,
			0 1-1) / , , , , , , , , , , , , , , , , , ,	I E (SDECIEV)		
		ACTUAL KILL	Lord E. C.	out "s	Sub. Deputy	D/	ATE 3/10/82
-7				M.D			GNED
2		EXAMINER'S NAME Richa	ard E. Cook, M. I).	113 Cathed	dral Street An	nap.,Md. 21401
-	230 BI			ADDRE	SS	OCATION	
	(5	ECH	3/15/87 200	+ 7	(J)	Town H. Ma	COUNTY STATE
1	24. FL	NERAL DIRECTOR	113100-1111	N. L. LON	25g. DATE REC'D. B	Y REGISTRAR 1756 REGISTRA	R'S SIGNATURE
	7	NAME A	ADDRESS /// ADDRESS	P. 1 L 1	1 1111	- 1 ~	Or W.t.
F	\sim	erry w. w	9000 7600	merry	WALTOMAR	1 5 1982 Corne	is land lastruct



6		1.	FOR STATE		DEPART	MENT OF H	OF MARYLAND EALTH AND MENTAL HY	GIENE 8 2	056	3 2
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	m c		CEASED NAME FIRST OR PRINT)	XIII I	MIDDLE		AST	20 DATE OF DEATH MONTH	DAY YEAR	26 HOUR A
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ge 4 mc	ectar, po	3. SE)	Male	4. RACE	ette	Mar Mar	ch 13,1505	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS HOURS MIN.
h. Poge	al dir	CC	RTHPLACE ISTATE OR FOREIGN	The second secon	WHAT COUNTRY	8 MARRIE	NEVER MARRIED	9 BALTIMORE CITY OR COL	JNTY OF DEATH	
deat	han 7		lorth Carolir		S.A.	WIDOWE	DIVORCED [ANNE ARUNI		
101 rs ofter	by the filled with		GLEN BURNIE	(IF NOT IN SU NOI	RTH ARUND	EL HOS	ROTHER INSTITUTION PITAL	126 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK Retired Bai	ing Life) 12b. KIND (INDUSTRY	ber
MARYLAND 2120 ed within 24 hours	filled in ould be		AL RESIDENCE DE NURSING HOME OF	ROTHER INSTITUTION	N, GIVE RESIDENCE BEFOR 13c. CITY OR TOV MOCKS V	re admission)	13d INSIDE CITY LIMITS? YES 🔀 NO 🗌	13e STREET ADDRESS Gwyn Street		
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BALTIMORE, I	Pages 1	16a W	VAS DECEASED EVER IN U.S. AR ES, NO OR UNKNOWN) (IF YES, GIV	RMED FORCES?			Billy Ray	ADDRES Cr Sofley, 1715	ofton, Tarleto	
11 W. PRESTON ST., BAI	by the attending physici sse remove corbonpoper I, cremotion, or removal. other traumotic event, th	7	18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE IMMEDIA) 480 Conditions, if any, which gove rise to immediate couse 101, stating the underlying cause lost	TE CAUSE (0) DUE TO, (OR AS A CONSEQU	ENCE OF	letmoni	6.	APPRO	KIMATE INTERVAL ONSET AND DEATH
RECORDS, 20 I low requires	hos been signed it permit. Then ples ene prior ta burio ows ony injury, or	CERTIFICATION	PART 2 OTHER SIGNIFICANT	19 CONE	ù · -	Vu	rual a	MINAL DISEASE OR CONDITION 1202. AUTOPSY VES HO RRED (1992) PAULEY IN THE	PYES, WERE FINDS ERTIFYING CAUSES YES []	
DIVISION OF VITAL NG PHYSICIAN: The	Litron al Hy	MEDICAL CI	OR CONTRIBUTING CAUSE OF DE- 19 BITMER, NOTIFE MEDICAL ENAMINER. 214. INJURY OCCURRED.	ATH HOUR A	M. MONTH D	AY YEAR	THE LOCATION	KRED (EFFER NATURE OF SOURT AS IN	M. III. PART TON PART 2)	
DIVISIO DIVISIO ATTENDING PH' spital or attend	CTOR: After this cer I for use as the burio . of Health and Ment n 21 is morked ar Itei	ME	wints NGT WHILE AT WORE AT WORE 22s. I certify that (I) (the hops to the deceased alive on above, (1) and attack (1) (didner	ral attended 1	preferred from	31	d that in (my) (and) opinion	to 3/29/	COUNTY C+0 I hour and from the	that (I) (we) last a cooses stated
HOSPITAL OR , ined by the ho	TO FUNERAL DIRECTORD Should be detoched with the State Dept.		774 PHYSICIAN SINAME TIME OF B. 1	1)0	usla	and of		OAKWOOD ROAD, BURNIE, MARYLA		25/PZ
TO refa	Sho sho	23o. B	URIAL, CREMATION, REMOVAL			NAME OF C	EMETERY OR CREMATORY	13d LOCATION		
ВР		(5	Burial	4/1/	1982 Re	se C	emetery	Mocksville,		
	16 50M 1/76		INERAL DIRECTOR BE		neral Ho	ome M	NA.	TE PEC'D. BY REGISTRAR DE RE	GISTRALS SICK	MRE
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STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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DIVISION OF VITAL RECORDS.

STATE OF MARYLAND

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STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	3. SE	Х		4 RACE		5. DATE C			6 AGE IN YEARS	EAST BIRTHDAY	IF UNDER 1 YEAR	
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en r	Ja. B	IRTHPLACE (STATE OR	FOREIGN	76 CITIZEN OF	WHAT COUNTRY	2 8	D NEVER MA		9 BALTIMORE		TY OF DEATH	
875	1	Maryland		U.S	. A.	WIDOWE		RCED	ANNE	ARUNDEL	COUNTY	MD
1	10. C	ITY OR TOWN OF DEA	ATH		HOSPITAL, NURS		OR OTHER INSTIT	UTION	12a USUAL OCC		12b. KIND C	OF BUSINESS OR
04		GLEN BURN			NORTH AR	UNDEL	HOSPITAL		Carpe			lding
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12		Md.	A.	Α.	Pasa	dena		0 🕱			Highw	ay
1-	14. F/	ATHER'S NAME FIRST		MIDDLE	LAST		15. MOTHER'S M		ΛE	DDLE	LA	
4		Theodore		T	Steve	ens	Susie				McClan	
1 90		WAS DECEASED EVER		MED FORCES?	166 SOCIAL SEC	URITY NO.	17 INFORMANT			ADDRESS		
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5		18 CAUSE OF DEAT	H (Enter or	ly one couse pe			01		6		APPROX BETWEEN	ONSET AND DEATH
		PART I. DEATH W		E CAUSE (a)	accer	come	(my le	ung,	(d) nee	Corla	ic.	
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anne.	-9	Conditions, if any,		((6)	from) (4	e or	adde				
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to L		underlying couse	fast	iet_	(acc	eum	-J- Che	Oto	o the			
7.	7	PART 2. OTHER SIGN	HE ICANT	CONDITIONS C	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO	THE TERMI	NAL DISEASE OR	CONDITION C	IVEN IN PART I	0
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69	CERTIFICATION	In DATE OF OPHIA	NON	IN COND	ITION FOR WHIC	H OPERATIO	N WAS PERPORN	MED	29s AUTOPSY	7 7th, IF Y IN CERT	ES, WERE FINDE IFYING CAUSES	OF DEATH?
6	ERT	The ACCEPT WAS UND	graves F	71h, TIME C	SE MALICIPA		Tal. Month with	NV DECUME	YES NO	North .	res []	NO []
0 9	1000	OR CONTRIBUTING	Pest	Annual Control of the	M. MONTH	SAT YEAR	211 110 47 11130	NT OCCURA	ED ((NTR NATUR)	OF INJURY PLUTERS TO	PART I OR PART 2)	
1	MEDICAL	214 INJURY OCCURS			M.	19	NU LOCATION					
o P	풀	THE PRODUCT OCCURS	-		OF INJURY	FARM, ETC.)	211 LOCATION		CIP.	токзанн	COUNTY	STATE
1018		- my 4- mg/		1			2/2	8-	2 9	410	Ca	
5	70	22s I certify that (I)	C - Company of the Company	Acres 1	ELL MANAGEMENT OF THE RESIDENCE OF THE PARTY	02	110	10 0	to	11	19 0 6	that in-(we) last
E		sow the decease above, (f) (we) (c	id) (did no	Line Thy body	after death.			rry opinion d	leath occurred or	the date and h	our and from the	couses stored
1		224 SIGNATURE	11	11.	/		DEGREE	ENDING	MOICAL	STAFF	224. DATE	SIGNED
2		-	/	14/mla	1	-	PHI		DIRECTOR P		311	28/6
4		274 PHYSICIAN NA	ONE THINK	service.	0	(22x ADDRESS	795	1 OAKWOO	D ROAD	1	11
8 1				SUBONG	, M.D.	>		GLE	N BURNIE	, MARYL	AND 210	061
	23n. 8	BURIAL CREMATION,	REMOVAL	0.20			EMETERY OR CRE		23d LOCATION		COUNTR	STORY MAIN
-		Burial	110	Mar	ch 82	Salem	Cemete	ry	Pleas		10/	Next was.

DHMH - 16 50M 1/B1 (VRA 15, 4)

to FUNERAL DIRECTOR: should be detuched for use with the State Dept. of Nec

James S. Kirkley Glen Burnie, MD.

MAR 1 6 1982

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		de de	.etomas moss	Teller	. Lemes J.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages 1 and 2 should be filled with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

8	6.	0	3	0	3
	REG. NO.	0.00			

	REGISTRAR			CEKTIFI	CATE OF DEATH	REG. N	0		
DE	ECEASED NAME FIRST	MIE	DOLE	U	ST			AY YEAR	3. HOUR
	Virginia	a Mai	ry	Ste	venson	March	24.	1982	TOPROX
3. SE	Female	4 RACE Whit	e.	5. DATE O	DAY YEAR	6. AGE (IN YEARS LAST BIRT		IF UNDER 1 YEAR	IF UNDER 24 HE HOURS MIN
A c	SIRTHPLACE ISTATE OR FOREIGN COUNTRY Pa.	76 CITIZEN OF W		8. MARRIED WIDOWEI	NEVER MARRIED &	9. BALTIMORE CITY O		OF DEATH	,
7	Pasadena	220 H	LCRORY P	oint	Rd. 21122	12a. USUAL OCCUPATION OF WORK FOR MOST	F WORKING LIFE	INDUSTRY	F BUSINESS C
130/7	- 7	Arundel	THE RESIDENCE BEFORE A	1	13d. INSIDE CITY LIMITS? YES NO 🔀	130 STREET ADDRESS	Canoli	ina Ave	2112
	ather's Name James	WIDDLE	Stevenso	-	Nora	WIDDLE		Monas	
(WAS DECEASED EVER IN U.S. AF (YEE, NO OR UNKNOWN) (IF YES, GIV	RMED FORCES?	215-14-4	310	Anna Liphant	1105 Sunn	gren	Drive	e, 21061
	Canditions, if ony, which gove rise to immediate	10,			FAILUR			+	
TION	cause (a), stating the underlying cause last PART 2. OTHER SIGNIFICANT	CONDITIONS <u>CON</u>	NTRIBUTING TO DE	EATH BUT I		INAL DISEASE OR CON	DITION GIVE		
RTIFICATION	cause (a), stating the underlying cause last	CONDITIONS <u>CON</u>	NTRIBUTING TO DE	EATH BUT I			20b. IF YES,	WERE FINDIN	NGS USED
CAL CERTIFICATION	cause (a), stating the underlying cause last PART 2. OTHER SIGNIFICANT	19b. CONDITIONS CONDIT	NTRIBUTING TO DE ION FOR WHICH C INJURY MONTH DAY	PERATION	NOT RELATED TO THE TERM	200. AUTOPSY? YES NOTE RED (ENTER NATURE OF INJUR	20b. IF YES, IN CERTIFY YES	WERE FINDING CAUSES	NGS USED OF DEATH?
MEDICAL CERTIFICATION	cause (a), stating the underlying cause last PART 2. OTHER SIGNIFICANT 19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DE	19b. CONDITIONS CONDITIONS 21b. TIME OF HOUR A.M. 21c. PLACE OF	ION FOR WHICH C	DPERATION Y YEAR	NOT RELATED TO THE TERM	200. AUTOPSY? YES NOTE RED (ENTER NATURE OF INJUR	20b. IF YES, IN CERTIFY YES RY IN ITEM 18, PA	WERE FINDING CAUSES	NGS USED OF DEATH?
	Cause (a), stating the underlying cause last PART 2. OTHER SIGNIFICANT 190. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED WHILE NOT WHILE	21b. TIME OF HOUR A.M. 21e. PLACE OF (AT HOME. STREE	INJURY INJURY FINJURY it, FACTORY, OFFICE, FAIL	PEATH BUT I	NOT RELATED TO THE TERM WAS PERFORMED 21c. HOW INJURY OCCUR! 21f. LOCATION	200. AUTOPSY? YES NOW RED (ENTER NATURE OF INJUR CITY OR TOV MEDICAL STAL	20b. IF YES, IN CERTIFY YES YIN ITEM 18, PA	WERE FINDING CAUSES TI I ORPART 2) COUNTY Ond from the	NGS USED OF DEATH? NO STATE
	Cause (a), stating the underlying cause last PART 2. OTHER SIGNIFICANT 190. DATE OF OPERATION 21d. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (#FETHER, NOTIFY MEDICAL EXAMINER AT WORK AT WORK 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 220.1 certify that (i) (this hosp saw the deceased alive or above, (i) (we) (did fold field field)	21b. TIME OF HOUR A.M. 21e. PLACE OF (AT HOME. STREE	INJURY MONTH DAY TEACTORY, OFFICE, FAI deceased from tter death.	PEATH BUT I	NOT RELATED TO THE TERM WAS PERFORMED 21c. HOW INJURY OCCUR! 21f. LOCATION STREET , 19 d that in (my) (our) opinion DEGREE ATTENDING	200. AUTOPSY? YES NOW RED (ENTER NATURE OF INJUR CITY OR TOW deoth occurred on the do	20b. IF YES, IN CERTIFY YES YIN ITEM 18, PA	WERE FINDING CAUSES TI I ORPART 2) COUNTY Ond from the	NGS USED OF DEATH? NO STATE thot (I) (we) I couses stoted

DHMH - 16 50M 7/77 (VR A 15 (4))

Mc Cully Funeral Home of Pasadena

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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5	0	3	4

3 SEX	-1 year	Annetta	Rehling	S	AST	3	28. DATE OF DEATH		YEAR	2h HOUR
3 SEX	F	Innetta	Rehling	S	1 , , , , ,		20 1 11	4 4000		
7a. 8IR					tumpf		March 1	4, 1982		
		, 4 RA		DATE C		YEAR	6. AGE (IN YEARS LAST BIR	THDAY) IF UNDE	RIVEAR	IF UNDER 24 H
	Female		White	Nov		1905	76	YRS.	DATS	HOURS M
	OUNTRY)	OREIGN 76 CI	TIZEN OF WHAT COUNTRY	? 8	NEVER		9. BALTIMORE CITY C		ATH	
Ma	aryland		U.S.A.	WIDOWE		WORCED	Anne A	runde1	COII	nt w
- Branch	Y OR TOWN OF DEA	TH 11. N	NAME OF HOSPITAL, NURS	ING HOME C			12a. USUAL OCCUPATI	ION 12b.	KIND OF	F BUSINESS
	len Burni		903 Jay Co				Homemak	er INC	Own	Home
13a. ST	TATE	NG HOME OR OTHER	INSTITUTION GIVE RESIDENCE BEFO		134 INSIDE	ITY LIMITS?	13e. STREET ADDRESS			
Ma	aryland	A . A .	Glen B			NO 🔀	109 Firs	t Avenu	ie,	S.W.
14. FAT	THER'S NAME	WIDDLE	LAST		15. MOTHER	S MAIDEN NAM				
	Henry	MIDDLE	Reh1	ina	M:	atilda	WIDDIE		HIIC	ksol1
16a W.	AS DECEASED EVER		ORCES? 166 SOCIAL SEC		17 INFORMA	INT (Dail	ghter) ADDRE	55903 Ja	v C	ourt.
(YE	NO OR UNKNOWN)	(IF YES, GIVE WAR O	OR DATES) 21 2 05	1/11 8	2 Ann	otto M	. Poff, G	100 Dead	2	MD.
-		/	couse per line for (b), d		MIIII	ecta M	· PULL, G			MATE INTERVAL
S	Conditions, if ony, gove rise to imm couse [0], stating underlying cause PART 2 OTHER SIGN 19a. DATE OF OPERAT	lediote g the lost. IIFICANT COND	(b) DUE TO, OR AS A CONSEOU (c) ITIONS CONTRIBUTING TO 96. CONDITION FOR WHICH	DEATH BUT		TO THE TERMI	NAL DISEASE OR CONI	DITION GIVEN IN F	FINDIN	GS USED
1 1							YES NO	YES 🗌	.AUGES (NO [
CAL	21a, ACCIDENT WAS UND OR CONTRIBUTING [] C (IF EITHER NOTIFY MEDIC	AUSE OF DEATH ALEXAMINER)	P.M.	DAY YEAR			ED (ENTER NATURE OF INJUR	RY IN ITEM 18, PART 1 OR	PART 2)	
WED	21d INJURY OCCURR WHILE NOT WHI AT WORK AT WOR	ILE	The PLACE OF INJURY AT HOME STREET, FACTORY, OFFICE.	FARM, ETC.)	211 LOCATIO STREET		CITY OR TO	wn co	UNTY	STATE
	sow the decease above, (1) (we) (d		Itended the deceased from, 2. 19. The body after death.	82, on		_, 19 (our) opinion d	eath occurred on the do	, 19_2 ste and hour and fr	om the c	hot (1) (we) l auses stated
	22b. SIGNATURE	till	my				MEDICAL STAP	F	DATE S	IGNED /8
1	22d. PHYSICIANS NA	ME (THE CHENT)			22e ADDRES	S				SILL

DHMH - 16 50M 1/81 (VRA 15, 4)

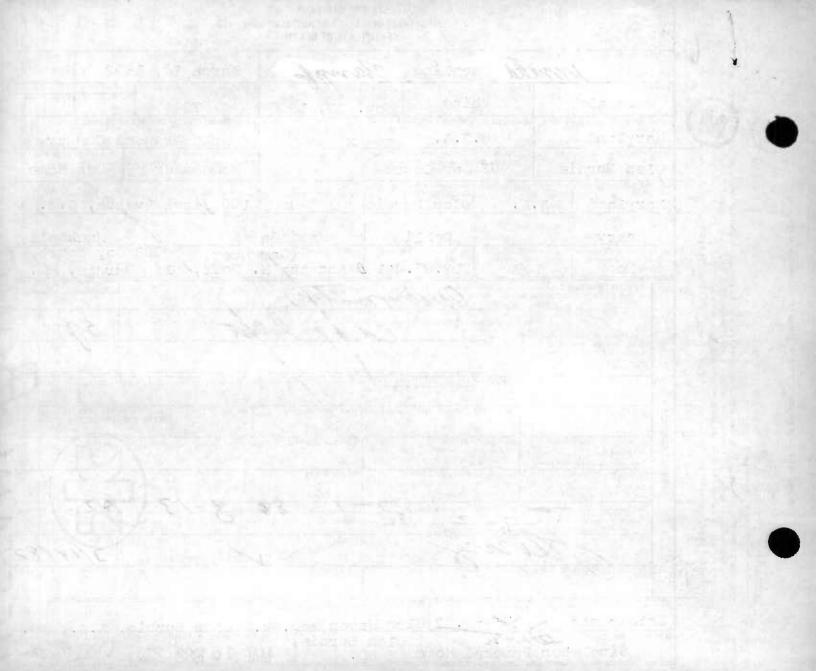
BP.

24 FUNERAL DIRECTOR NAME Singleton Funeral Home

Glen Burnie

250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

6



STATE OF MARYLAND

FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20 DATE OF DEATH 2b HOUR TYPE OR PRINT) Josephine M. Sullivan 16, 1982 March 3. SEX 4 RACE 5 DATE OF BIRTH A AGE /IN YEARS LAST BIRTHDAY) YEAR Caucasian Female 84 TO BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Anne Arundel Ohio WIDOWED ID CITY OR TOWN OF DEATH 120. USUAL OCCUPATION 126 KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY Anne Arundel General Hospital Annapolis Registered nurse USUAL RESIDENCE (IF nursing home or other institution, give residence before admission) 13a. STATE 13b COUNTY 13c. CITY OR TOWN 732 Dividing Road 13d INSIDE CITY LIMITS? Maryland Anne ArundelSeverna Park YES X 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Andrew Young Evelyn unk Barnes 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT Susan M. Mayes RESS (IF YES, GIVE WAR OR DATES) 219-32-1647 101 Stonemark Court, Richmond, Virginia No APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 8 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY 10/81 Heart failure IMMEDIATE CAUSE (D) DUE TO, OR AS A CONSEQUENCE OF Atherosclerotic cardiovascular disease Conditions, if ony, which many years gove rise to immediate DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION Chronic emphysematous, obstructive lung disease 190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO X 21a. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING T CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e PLACE OF INJURY 21f LOCATION AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE NOT WHILE June 10 March 22a I certify that (1) (this haspital) attended the deceased from March 16 sow the deceased alive on_ and that in (my) (our) opinion death occurred on the date and hour and from the causes stated obove, (1) (we) (did) (did not) view the body ofter death 226. SIGNATURE DEGREE 22c. DATE SIGNED MEDICAL /16/82 PHYSICIAN TODIRECTOR PHYSICIAN 22e ADDRESS 16 Murray Avenue Charles W. Kinzer, M. D. Innapolis, Maryland 21/01

DHMH - 16 50M 1/76

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MPORTANT: IF

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Jria -

Beall Guneral Home, 1212 West St., Annp., Md. (VR A 15 (4))

23b DATE

3-17-82

23a. BURIAL, CREMATION, REMOVAL

Burial

231. NAME OF CEMETERY OR CREMATORY

Hillcrest Memo Gardens

BY REGISTRAR 236 PEGISTRARS SIGNATIVE

"Annapolis, Maevland

STATE

Colores with ald the contract the contract of the contract See the second s and there are the second that the second second

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO I. DECEASED NAME In DATE KNOWN (TYPE OR PRINT) Talley OF ESTI-DEATH MATED Frances Montoua 3 SEX 4 RACE 5. DATE OF BIRTH 6 AGE (IN YEARS | IF UNDER 1 YR. IF UNDER 24 HRS DATE Jan. 2.1897 LAST BIRTHDAY) PRONOUNCED hemale white DEAD 70 BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH NEVER MARRIED Albuguergue, N.M. USA Anne Arundel Co. DIVORCED II. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 1507 Bishop Rd. household Edgewater housewife 3m STATE 134. INSIDE CITY LIMITS? 13e STREET ADDRESS A.A.Co Edgewater 1507 Bishop Rd. Mdi 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Florence Nester Montoua 7 INFORMANT 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO ADDRESS (YES, NO. OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 578-36-1364 Frances Ritter 1507 Bishop Rd. Edgewate no CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY BETWEEN ONSET AND DEATH DUE TO OR AS A CONSEQUENCE OF if any, which Canditions. gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:00 CERTIFICATION 19g. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? DEPARTMENT OF HE PRIOR TO BURIAL, 21g. EXTERNAL CAUSE WAS 216 TIME OF INILIRY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) SHOULD HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME 21d. INJURY OCCURRED 21f LOCATION NOT WHILE STREET, FACTORY, FARM, ETC. STREET CITY OF TOWN COUNTY STATE AT WORK AT WORK TO FUNERAL DIRECTOR: AFTER DEATH, WITH THE S BALTIMORE, MARYLAND, described above, held on 220. I certify that I took charg Autopsy Inspection and in my apinion death resulted from Hamicide Undetermined manner 3.11.82 EXAMINER'S NAME TYPE OR PRINT 230. BURIAL, CREMATION, REMOVAL 236. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION COUNTY STATE Arlington National Arlington. Va BP Burial 24 FUNERAL DIRECTOR **DHMH-17** Hardesty Funeral Home 12 Ridgely Ave (VR A15 ME (5) 15M 2/80

Charles In the second of the s

n	FOR STATE REGISTRAR		STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 3 2 0	5 5 4 2
	DECEASED NAME FIRST	MIDDLE	LAST		DAY YEAR 26 HOUR
1	GEORGIONA	D.	TAYLOR	3 1	4 82 1-6
E .	SEX	1 RACE	5. DATE OF BIRTH MONTH DAY YEAR	6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS ME
AJ	PIDZI IDI A CE	BLACK	11 18 26	35 YRS.	
MARKET I	BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY?	MARRIED KNEVER MARRIED	9 BALTIMORE CITY OR COUNTY	OF DEATH
the many	CITY OR TOWN OF DEATH	U.S.A.	WIDOWED DIVORCED DIVORCED	ANNE ARUNDEL CO	
100	NAPOLIS		ENERAL HOBPITAL	(TYPE OF WORK FOR MOST OF WORKING LIF	126 KIND OF BUSINESS C INDUSTRY
13e	UAL RESIDENCE (IF NURSING HOME OF STATE 136 COU	INTY 13c. CITY OR TOW	N 13d. INSIDE CITY LIMITS?	130 STREET ADDRESS 1150 Nadison St	Apt. S 3
2	JÖSEPH	MIDDLE ALLSUP	15 MOTHER'S MAIDEN NA ESTELLA		OLIVER
media	WAS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOCIAL SECU		ADDRESS R 79 Pleasant Stre	eet Annapolis
or other froumatic event, the	PART I. DEATH WAS CAUS	DUE TO, OR AS A CONSEQUE	Lapi Dinton Syn Coccal Sepsis	Lme	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
oN NO	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO I	a brawner Coc	MINAL DISEASE OR CONDITION GIVE	EN IN PART 1(0)
8 shows ony	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	IN CERTIF	, WERE FINDINGS USED YING CAUSES OF DEATH?
	27g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF O	HOUR A.M. MONTH DA	AY YEAR	RED (ENTER NATURE OF INJURY IN ITEM 18 PA	ART I OR PART 2)
morked or Item	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	216. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	ARM, ETC.) 21f. LOCATION STREET	CITY OR TOWN	COUNTY STATE
21 is	sow the deceased alive a	oital) ottended the deceosed from	, 19, 19, ond that in (my) (our) opinion	death occurred on the date and hour	ond from the couses stated
T. If Item	22b. SIGNATURE	1.Bu	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	22c. DATE SIGNED
MPORTANT	ROBERT B	GEN WW	22e ADDRESS		
230	BURIAL CREMATION, REMOVA		NAME OF CEMETERY OR CREMATORY NELAWN MEM PARK	Annapolis A.	Acount Markvarid

BP.

DHMH - 16 50M 1/B1 (VRA 15, 4)

24 FUNERAL DIRECTOR REESE & SONS MORTUARY, P.A.

3-18-1982 Annapolis, Md.

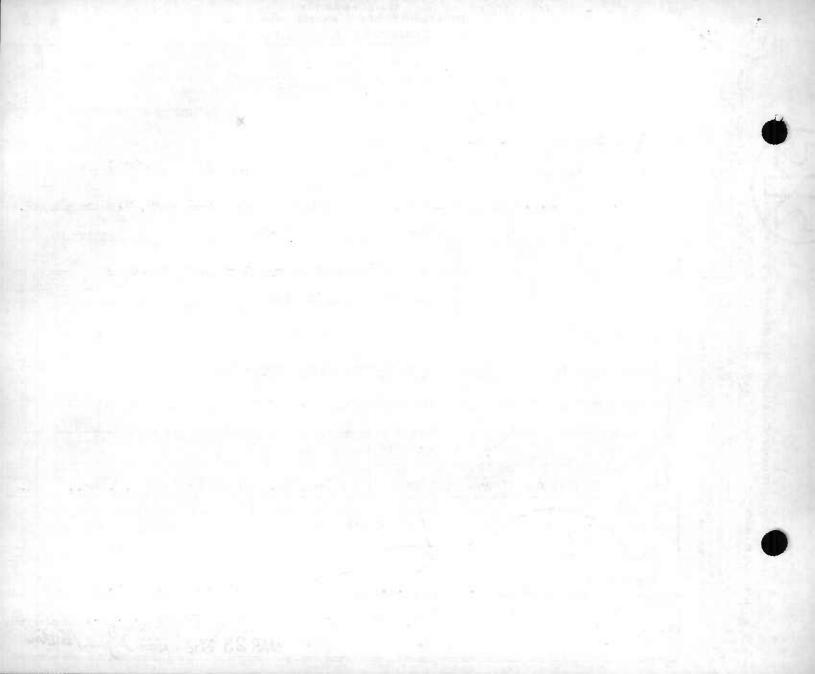
231. NAME OF CEMETERY OR CREMATORY PINELAWN MEM. PARK

Annapolis

A. Acounty Marinarid

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23.53.55 F.	(ITPI	OR PRINT)	Glenn			N.		Ta	ylor			OF DEATH	MATEDX	3	20	1982	M
PEA CTO FILE TREE	3. SEX		4. RACE	5. DAT	E OF BIRTH	YEAR	6. AGE (IN YEAL LAST BIRTHDA	RS IF UNI	DER 1 YR.	IF UNDER		c. DATE	CED.	MONTH	DAY	YEAR	2d HOUR
DOUR OUR ON S	m	ale	white	No			18 YR	///	DAYS	HOURS	MIN.	PRONOUN	CED	3	21	1,82	9:3QA
ESSA FRAL MININ		RTHPLACE (5'	ATE OR	7b. CIT	IZEN OF WH.	AT COUN	VTRY?	8. MARRIE	D NE	VER MARRI	ED 23-	9. BALTIMO		_			
SAN		Virgi	nia	I	I. S.			WIDOWE		DIVORC		Inne A					MD.
Y IS		Y OR TOWN					IRSING HOME STREET_ADDRESS)	OR OTHE	R INSTITU	TION	12a. USU FOR M	AL OCCUP.	ATION (TY ING LIFE)	PE OF WORK	126 KII	ND OF BU!	Y
WD. 21201 H. IF ANY DELAY IS NECESSARY, PLEASE 2, AND 3 TO THE FUNERAL DIRECTOR. 4. 3. RETAIN PAGE 5. FOR YOUR FILES. 2 SHOULD BE FILED, WITHIN 72 HOURS I'AI RECORDS, 201 W. PRESTON STREET,		Glen B			647						STUD	ENT	(Bu	isboy)			
AND 3 RETAIN RECORD	130. S1		(IF IN NURSING HOME O		NSTITUTION, GIVE	13c CITY	E BEFORE ADMISSION		3d. INSIDE C	ITY LIMITS?	13e STRE	ET ADDRES	55			21061	
SHOE SHOOT		Md.		Α		Gler	Burni		YES L	NO []	647	Ope1	Road	l,Gle	ı Bu	rnie.	Md.
M. 1.2.	14. FA	THER'S NAME	CHARLES	MIDDLE		עוש	TÖR		15. MOTH	ER'S MAIDE	NAME	_	DDLE			LAST	
ORE, MD. 2 DEATH. IF AGES 1, 2, 2, 8M PM 3. I AND 2 SF) 16= VA	AS DECEASE	DEVER IN U.S. ARA	MED EO	DCEC2		CIAL SECURITY	NO	17. INFOR	100	1I		ADDRES	S	NOE	ь	
BALTIMORE, MD S. AFTER DEATH. 1 GIVE PAGES 1, 2, 7/TH FORM PM 3, PAGES 1 AND 2 8 PAGES 1 AND 2 8 PAGES 1 AND 2	{YE	S, NO, OR UNKNO	WN) (IF YES, GIVE	WAR OR D	ATES)	1300		- 10									
BALTIM JRS AFTER 3. GIVE PA WITH FOR T. PAGES I DIVISION		NO 18 CAUSE O	EDEATH (F-1				76 842	7	Marly	Tayl	or -	same	as 1	3e	A	PPROXIMATE	INTERVAL
: 2°5≥ F. □		PART I DE	ATH WAS CAUSED	BY:	Man		ole Dru	- Int	ovios	tt on					BETV	VEEN ONSET	AND DEATH
101 W. PRESTON ST TED WITHIN 24 HOU NENCIL IN ITEM IN XAMINER ALONG AL. TRANSIT PERMI AL. TRANSIT PERMI N, OR REMOVAL.		95	0 5 IMMEDIAT		(0)		ASEQUENCE C		OXICE	TUTOII	-	- 50	-	_	-		
S ZZA E ZZ	H.		ns, if any, which	1.	JOE 10, OK 1	.0 /		-									
D WITHIN PERCIL IN AMINER A AMINER A - TRANSIT ENTAL HY	-		se to immediate stating the under-	1	(b)	S A CON	NSEQUENCE C)F							-		
AL RECORDS, 201 W. PRE ULID BE EXECUTED WITH O"PENDING" IN PENCIL FE MEDICAL EXAMINER SED AS A BURIAL -TRANI FE HEALTH AND MENTALL AL, CREMATION, OR REA		lying cau	se last.		(c)												
		PART 2 OTHER SI	GNIFICANT CONDITIONS	CONTRIBUT	. /	UT NOT REL	ATED TO THE TERMI	NAL DISEASE	DR CONOITIO	N GIVEN IN PAI	RT 1 (a).						
RECORDS LD BE EXE PENDING PENDING MEDICA AEAITH AF	NO														10		
ULD WEEN WEEN WEEN WEEN WEEN WEEN WEEN WEE	3	19a. DATE OF	OPERATION		196. CONDITI	ON FOR	WHICH OPER	ATION WA	SPERFOR	MED?			-	,	3 20 A	AUTOPSY?	
F VITAL I WORD "P WORD" P F CHIEF BE USE BENT OF H	CERTIFICATION					33.09										YES	NO 🗌
	C. C.	210 EXTERNA	L CAUSE WAS		116. TIME OF HOUR A.M.		DAX YEAR			OCCURRE		ATURE OF INJU	JRY IN ITEM 1	8 PART 1 OR P	ART 2)		
OR HOUTE	CAL	CONTRIBUTI	NG CAUSE OF I		P.M.	3	120182	Sel	C.	gested	l .						
S CERTIFIC RITING TH RDED TO ## 3 SHOU FE DEPART	MEDICAL	21d. INJURY C	NOT WHILE		found	FINJURY	(AT HOME,	647	ATION	n a	(3-7	CITY OR TOW	/N .		MIN		STATE
MRIS WRIE		AT WORK	NOT WHILE AT WORK	1	Tound	at n	ome	041	Upe1	. Rd.	Glei	a Buri	nie	A.A.	Co.	. ,	Md.
DIVISION OF DIVISION OF WER. THIS CERTIFICATI CATE, WRITING THE V FORWARDED TO THI OR: PAGE 3 SHOULD OR: PAGE 3 SHOULD ND, 21201 PRIOR TO		77n 1 centi	fy that Laudk charg	the	remains desc	ribed abo	ave, held an	Autaps	XX.	Inspection	n .	Inquiry		ınd in my a	pinian		
MANN PER PER PER PER PER PER PER PER PER PER		death result	d from , Notur	of count	A.	Accident	Sui	cide 🍮 ,	Homi	cide .	Undete	rmined ma	nner 🔲	,			
EXA CERT DIRE WIT		ACTUAL	11		414	-				SPECIFY)						0.40	0.400
* H H H H H H H H H H H H H H H H H H H	1	SIGNATURE,	Mon	or	UM	nos	1	M.	ASS	istan	t_MEDI	CAL EXAM	INER	SIGN	ED	3/2	2/82
MOR MOR	-	EXAMINER'S	NAME		70		4						4 . 5	. 3.2.	MO	22002	
A FTER		(TYPE OR PRI	VI)						DDRESS_				eet,B	aito.	MD_	21201	
	23a. Bl	DECIEV\ =									CITY	PRTOWN	oio		YTAL	Mars	are I
BP	24. FI	INFRAL DIREC	TOR							250. DATE I		REGISTRA				LADE	
DHMH - 17 (VR A15 MF (5))	Ge	orge J.	Gonce, 4	001	Ritch	ie H	g.,Balt	imore	Md.		- 0 -		71	1	ile	/ last	190
BP	74 FI	EXAMINER'S (TYPE OR PRII JRIAL, CREMA PECIFY) DU INERAL DIREC	nt)tion,removal 2	36. DAT	5/82	23c. G1	d.M.D. NAME OF CEA en Have	en Mei	CREMATO	111 ORY irk	Peni 23d. LO City o Glei REC'D. BY	n Stre	eet,B	alto.	MD ;	21201 Mary	ATE 1



TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fune should be detached for use as the buriol-transit permit. Then please remove carbanopopers. Pages 1 and 2 should be filled within with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, or removal.

FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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014.03					

)		REGISTRAR		CEKITI	TCATE OF DEATH	REG. NO.	
1		CEASED NAME FIRST Anna	Lee	Tenny	AST	March 20, 198	U. 7.M.
1)	3 SE	Female	(aucasian	a MONTH	any 20, 1931		IF UNDER 1 YEAR IF UNDER 24 HRS AONTHS DAYS HOURS MIN
ol once	70. BI	RTHPLACE STATE OR FOREIGN OUNTRY) Vest Vinginia	76 CITIZEN OF WHAT COU	MARRIE WIDOWE	D & NEVER MARRIED (Anne Anundel	
O Cartied	Ba	ltimo re	7924 Main Sa	e street address)	OR OTHER INSTITUTION	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE HOUSEULLE	126. KIND OF BUSINESS OR INDUSTRY Comestic
ed St.	Ma	ryland finne	1 11/2 113	CE BEFORE ADMISSION) OR TOWN MORE	13d. INSIDE CITY LIMITS?	7924 Main Street	21226
axomine ()	14. FA	Charles U	vinton Calle	ihan	15 MOTHER'S MAIDEN I	MIDDLE	Hamm
medicol			ARMED FORCES? 166 SOCIA	S-2793	Mr. Robert	5. Tenry 7924 Main	Md. 21226 Street
er troumotic event, t		PART I. DE ATH WAS CAL	DUE TO, OR AS A CON	NSEBUENCE OF	down L	Metactatii Noder, avilie in	APPROXIMATE INTERMAL BETWEEN ONSET AND DEATH S. W. W. W
injury, or oth	NOI	PART 2 OTHER SIGNIFICAN	(c)		NOT RELATED TO THE TE	RMINAL DISEASE OR CONDITION GIVI	EN IN PART 1(0)
Sows ony	CERTIFICATION	19a DATE OF OPERATION	196. CONDITION FOR	WHICH OPERATIO	N WAS PERFORMED	IN CERTIF	, WERE FINDINGS USED YING CAUSES OF DEATH?
tem 18 sh		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	DEATH HOUR A.M. MONT	TH DAY YEAR	21c. HOW INJURY OCC	URRED (ENTER NATURE OF INJURY IN ITEM 18, PA	ART 1 OR PART 2)
arked ar	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY,	OFFICE, FARM, ETC.)	21f. LOCATION STREET	CITY OR TOWN	COUNTY STATE
T: If Item 21 is mo		sow the deceased alive	on 3 deceased on 1 not) view the bady after death	19 82,00	nd that in (my) (dur) opinion DEGREE ATTENDING PHYSICIAN		190 , that (I) (Ne) lost ond from the couses stated 22c. DAYE SIGNED 3 2 J J L
APORTANI		22d PHYSICIAN'S NAME (TY Michael F.	Garahy, M.D.	1	22e ADDRESS	nallwood Rd. Pasac	dena, Md. 21122
_		BURIAL, CREMATION, REMOVE SPECIFY) Burial	7AL 236. DATE 3/23/82	Glen Hav	en Men. Park	CITY OR TOWN	county STATE Pre Arundel Md.

Pasadena,

DATE REC'D. BY

BP. DHMH - 16 50M 7/77 (VR A 15 (4))

14 FUNERAL DIRECTOR McLully runeral Mountain and lick Neck Rds.

retained by the hospital or attending physician

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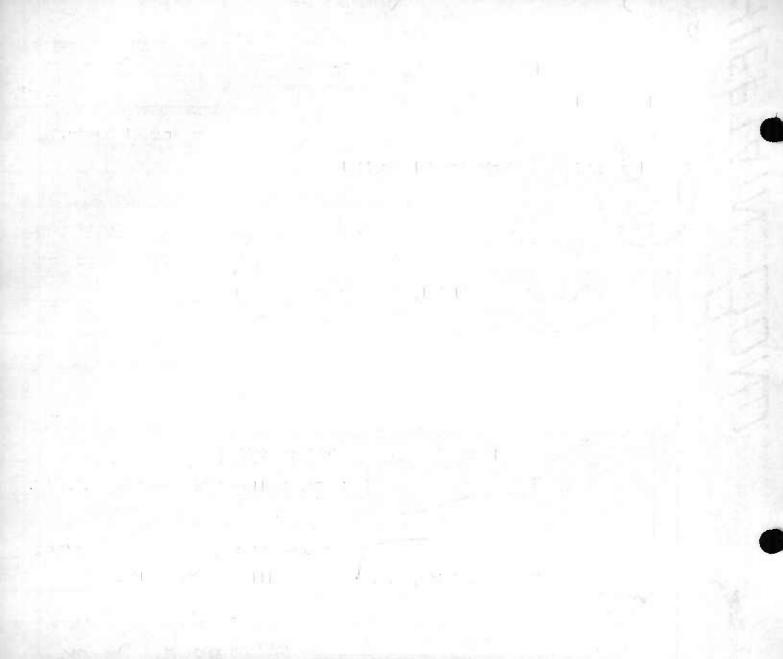
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STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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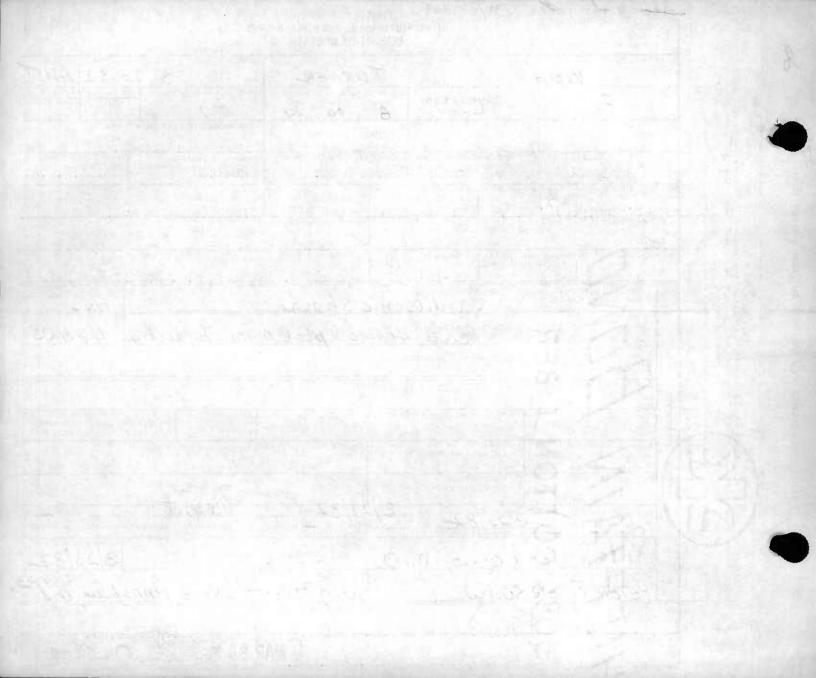
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New mild w		REGISTRAR CEASED NAME E OR PRINT)	FIRST. Oswal		MIDDLE G.		LAST	ynham		REG. NO		DAY YEAR 8 19 82	2b. HOUR
		le	Black	5. DATE OF BIRTI	YEAR 6. AGE (LAST B) 48		NDER I YR. I	F UNDER 24 HRS Hours MIN.	PRONOUN DEAD		момтн 3	8 19 82	24 HOUR 5:45
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S AFTE GIVE P TH FC PAGES IVISION		NO, OR UNKNOW		WAR OR DATES)	N/ ne far (a), (b), and (c).		Mary	L. Tra	aynham	636	Gutm	nan Ay	
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. 21201 IS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY DBA RRITING THE WORD "PENDING" IN PENCIL IN 176M 18. GIVE PAGES 1, 2, AND 3 10. RDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PA 3: BETAIN PAGES 3 SHOULD BE USED AS A BURIAL- TRANSIT PERMIT. PAGES 1 AND 2 SHOULD BE TO BE PREATH AND MENTAL HYGIENE, DIVISION OF YIM RECORDS. ZOT PRIOR TO BURIAL, CREMATION, OR REMOVAL.	-	gave rise couse (a) st lying couse	if any, which to immediate toting the under-	(b)	DR AS A CONSEQUEN	ICE OF							
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TO MEDICAL EXAMINER: THIS CI EXECUTE THE CERTIFICATE. WRITH PAGE 4 SHOULD BE FORWARDE TO FUNERAL DIRECTOR: PAGE 3 AFTER DEATH, WITH THE STATE D BAUTIMORE, MARYLAND, 212011			that I tout charg	e of the remains of	iscoribed thous held a seglent Manual a		Hamicia TITLE (SP	Inspection	Inquiry	nner ,	d in my opin DATE SIGNED		
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							57		NOOL .	U/mence	O	- with	Aller I



FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME FIRST 20. DATE KNOWN MONTH 2b. HOUR (TYPE OR PRINT) OF ESTIurner DEATH MATED ernon 10 SEX 4. RACE DATE OF BIRTH AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS DATE 2d. HOUR MONTH YEAR LAST BIRTHDAY) PRONOUNCED m NIGEO 9 AM 39 DEAD 10 1982 42 YRS -91 76. CITIZEN OF WHAT COUNTRY? Is BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) MARYLAND U.S.A. WIDOWED DIVORCED 10. CITY OR TOWN OF DEATH IL NAMEOF HOSPITAL NURSING HOME, OR OTHER INSTITUTION OR INDUSTRY FOR MOST OF WORKING LIFE! IIII COUNTY 134. INSIDE CITY DWITS? 13e, STREET ADDRESS 6104 Shady Side Road YES! NO. 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE LAST NICK BERNICE TURNER 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16h. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS (YES, NO, OR HINKNOWN) THOMAS 6104 Shady Shady -38-2707 MINER: THIS CERTIFICATE SINCEPHIDING: IN FLANKER ALCORDER FORWARDED TO THE CHIEF MEDICAL EXAMINER ALCORDER FOR PAGE 3 SHOULD BE USED AS A BURIAL. PRANSIT PERMIT FIN THE STATE DEPARTMENT OF HAALTH AND MENTAL HYGIENE DIVIN CAUSE OF DEATH (Enter only one cause per Julie ROPOMATE INTERVAL PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (g) DUE TO AS A CONSEDUENCE OF Canditians, if ony, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. DIVISION OF VITAL RECORDS, PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 CERTIFICATION 190. DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES NO T 710 FXTERNAL CAUSE WAS 216. TIME OF INJURY TIC. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR UNDERLYING MEDICAL CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME. 21f. LOCATION 21d. INJURY OCCURRED EXECUTE THE CERTIFICATE, WRITIN PAGE 4 SHOULD BE FORWARDED TO FUNCE 3 SHOULD BE FORWARDED AFTER DIRECTOR. PAGE 33 AFTER DEATH, WITH THE STATE DEFEARIMORE, MARYLAND, 21201 PF STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE WHILE AT WORK 22a. I certify that I taak, harm of the remains described above, held on Autapsy Inspection ond in my opinion Inquiry death resulted fr Hamicide Undetermined monner TITLE (SPECIFY ACTUAL 3-21-8 SIGNATURE EXAMINER'S NAME (TYPE OR PRINT) 230. BURIAL, CREMATION, REMOVAL 23b. DATE 23d. LOCATION COUNTY STATE St. Matthews Church Ceme Shady Side -25-1982 BP_ Maryl and 24 FUNERAL DIRECTOR BY REGISTRAR 25b REGISTRAR'S SIGNATURE Annapolis. Md. **DHMH-17** SONS MORTUARY. (VR A15 ME (5)) 15M 2/80

STATE OF MARYLAND

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(AAA)	OF ESTI-
4 45202	3. SEX 4. RACE 5. DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS. 2c. DATE MONTH DAY YEAR 2d HOUR
Doine Doine No. S	M W Jan. 25, 1963 19 YRS. MONTHS DAYS HOURS MIN PRONOUNCED DEAD 3 5 1852 PM
CESSARY, NERAL DIP FOR YOU VITHIN 72	70. BIRTHPLACE (STATE OR FOREIGN CQUINTRY) 76. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. BALTIMORE CITY OR COUNTY OF DEATH
NECESSARY, FUNERAL DIRI 5 FOR YOU W. PRESTON	Wash, D.C USA WIDOWED DIVORCED R. A. CO.
SE S	10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS FOR MOST OF WORKING LIFE) QR INDUSTRY
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2, AND 3 TO THE FULL SHOULD BE FILED. WILL RECORDS 301 WILL RECORDS 301 W. I. RECORDS 301 W. I. RECORDS 301 W. II. RECORDS 301 W. III.	USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 130. STATE 130. COUNTY
F AND RETAINED SHOULD	MD HA Hrnold YES NOW 1038 Garywood Lane 21012
D T	14. FATHER'S NAME FIRST MIDDLE JAST JA
MORE, A	Monald J. VITO T-Va Toole 160, WAS DECEASED EVER IN U.S. ARMED FORCES? 160, SOCIAL SECURITY NO. 17. INFORMANT ADDRESS
= it iii () /	(YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES)
BALTIN JRS AFT 3. GIVE WITH F PAGES DIVISIO	18 CAUSE OF DEATH (Enter gally one cause per lide for (a) (b) and (c)
2 0 = 10 = 13	PARTI DEATH WAS CAUSED BY:
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SHOULD ORD "PER CHIEF A E USED TO HEAL OF HEAL	196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? YES NOTE 216. EXTERNAL CAUSE WAS 216. TIME DE INJURY POUR AM MONTH DAY YEAR 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)
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WA WA	AT WORK AT WORK P ROOM. Shore Acres-Rd BAGO NO
# E C # 11 6	220. I certify that I took charge of the remains described above, held an Autapsy , Inspection , Inquiry , and in my apinian
EXAMINER: CERTIFICATI UID BE FOI DIRECTOR: WITH THE	death resulted frames Natural causes, Accident, Suicide, Homicide, Undetermined manner,
L EXAMINE E CERTIFICA OUID BE FOUND BE	ACTUAL TITLE (SPECIFY)
CAL THE SHO SHO ATH ATH	SIGNATURE M.D. POUY MEDICAL EXAMINER SIGNED 3-5-82
MEDICUTE CUTE SE 4 FUNE TIMOI	EXAMINER'S NAME ELINHARDT ADDRESS AND BY
TO MEDICAL EX EXECUTE THE CE PAGE 4 SHOUL TO FUNEAL DI AFTER DEATH, W BATTENDEATH IN	236 BURIAL CREMATION REMOVAL 236 DATE 237 NAME OF CEMETERY OR CREMATORY
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BP	24, FUNERAL DIRECTOR NAME CONDESS CO
(VR A15 ME (5))	John M. Taylor & Sons, Hung polis, MI)

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

- STATE CERTIFICATE OF DEATH EST REGISTRAR REG NO DECEASED NAME 20 DATE OF DEATH MONTH FIRST 2h HOUR TYPE OR PRINT MARCH 13, 1982 7:00 Josephine BERTHA WAGNER 4 RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF LINDER 24 HRS 3 SEX IF UNDER I YEAR Female White Sept. 18, 1923 58 YRS a. BIRTHPLACE (STATE OR FOREIGN BALTIMORE CITY OR COUNTY OF DEATH 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Maryland U.S.A. DIVORCED [ANNE ARUNDEL COUNTY II. CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12h KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Homemaker Own Home CLEN BURNIE NORTH ARUNDEL HOSPITAL NG HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 13a. STATE 113h COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS 572 Brightview Drive Millersvi Marvland 4. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE FIRST Setela Bunger Tena John ADDRESS 60 WAS DECEASED EVER IN U.S. ARMED FORCES 166 SOCIAL SECURITY NO. 17. INFORMANT (Husband) Same as # 13 (IF YES, GIVE WAR OR DATES) 219.12.3396 Mr. Arthur F. Wagner No APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and ici. PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o. Conditions, if ony, which gove rise to immediate cause lat, stating underlying cause lost

TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USED

21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)

21e. PLACE OF INJURY

(AT HOME STREET, FACTORY, OFFICE, FARM, ETC.)

21f LOCATION

, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated

IN CERTIFYING CAUSES OF DEATH?

STATE

22b. SIGNATURI

22a.1 certify that (1) (this hospital) attended the deceased from

DEGREE 22e ADDRESS

PHYSICIAN DIRECTOR PHYSICIAN BALTIMORE-ANNAPOLIS BLVD.

22c. DATE SIGNED

22d. PHYSICIAN'S NAME (TYPE OF PRINT) MUSTAFA C. OZ, M.D.

NOT WHILE

sow the deceased alive on_

23c. NAME OF CEMETERY OR CREMATORY

GLEN BURNIE, MARYLAND

230 BURIAL, CREMATION, REMOVAL 23b. DATE (SPECIFY) Buria

21d INJURY OCCURRED

Glen Haven Mem.Pk. ADDRESS Glen Burnie,

Glen Burnie.

DHMH - 16 50M 1/81 (VRA 15, 4)

Singleton Funeral Home

MD.

23d LOCATION

NOF

CITY OR TOWN

211. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

injury, or other troumatic event, the

IMPORTANT: If Item 21 is marked or Item 18 shows ony

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE O U U U									5 2		
/	REGISTRAR		CERTIFICATE OF DEATH REG. NO.							EST	
DECEASED NAME FIRST			MIDDLE			AST	20 DATE OF DEAT	211.01			
11161	ORPRINT	THOM	AS E	dward	W	AGNER	MARCH 9	, 1982	-	1:39Pm	
3. SE	X		4 RACE		5. DATE C		6 AGE (IN YEARS LAS	I BIRTHDAY) IF	UNDER 1 YEAR	IF UNDER 24 HRS	
	Male		White Dec			-0 1014				HOURS MIN.	
a B	RTHPLACE STATE OR	_	76 CITIZEN OF WHAT COUNTRY? 8			D X NEVER MARRIED	_	OUNTY OF DEATH			
	Marylan		U.S.A. WIDOWE			D DIVORCED	RUNDEL COUNTY MD.				
	LEN BURNI		11. NAME OF HOSPITAL, NURSING HOME OF (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) NORTH ARUNDEL HO			LITYPE OF WORK FOR MOST OF WORKING			NDUSTRY Oil	Gulf Co.	
05U. 13a. S	AL RESIDENCE (IF NURS	136 COUN		136. CITY OR TOW		13d. INSIDE CITY LIMITS?	13e. STREET ADDRE	ss			
	ryland	A	.A.	Glen B			1533	Tieman	Drive	2	
4 FA	THER'S NAME		MIDDLE	LAST		15. MOTHER'S MAIDEN NAM	ME MIDDL		1451		
	Geor		Wagner			Pauline			Garreis		
6a V	VAS DECEASED EVER		RMED FORCES? 166 SOCIAL SECURITY NO.			17. INFORMANT (W)	17. INFORMANT (Wife) ADDRESS San			ne as # 13	
	_Yes	W.		215.01.4	4031	Mrs. Teres	sa R. Wa	gner			
	18 CAUSE OF DEAT PART I. DEATH W	H Enter on	ly one cause pe	r line for (o), (b), one	d (c)				BETWEEN	MATE INTERVAL DISET AND DEATH	
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	4100 DUE TO, OR AS A CONSEQUENCE OF										
	Canditions, if any, which gave rise to immediate (b) Attitle Megacardial in fare)										
	cause (a), stating the underlying couse last DUE TO, OR AS A CONSEQUENCE OF										
	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110										
Z	PART 2 OTHER SIGN	VIFICANT	ONDITIONS C	ONTRIBUTING TO E	DEATH BUT	11 -1		ONDITION GIVEN	IN PART 1 a		
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ERT	21a ACCIDENT WAS UND	DERLYING [21b. TIME C	OF INJURY	-	21c. HOW INJURY OCCURR	YES NO			NO 🗌	
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	220.1 certify that (1)		al) attended th	he deceased from	Mar	10 87	. 110	21 0 10	82	1	
	the decease					d that in (my) (aur) apinian o	leath accurred on the	e date and have a		not (I) (we) lost	
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	109.	1.	//	0.		ATTENDING	ATTENDINGMEDICAL STAFF				
1	274 PHYSICIAN'S N	ME ITHE	0	en n	The ADDRESS			MEDICAL STAFF DIRECTOR PHYSICIAN			
	MUSTA	AFA C	. oz,	M.D.		605 B&A BL	VD., GLEN	BURNIE		061 YLAND	
3a B	URIAL, CREMATION, SPECIEY) Buria		23b DATE 1 2 Ma			emetery or crematory aven Mem.Pk	23d LOCATION CITY OF TOWN Glen	Burnie	OUNTY A A	STATE MD	
4 FL	INERAL DIRECTOR	AL	2//ser		Glen	Burnie 25a DATE	REC'D. BY REGISTR	AR 25b. REGISTRA	CUCNAT	of the	
V.	Singleto	h Fu	neral	Home	MD.	MA	R 11 198	2 Prances	Jan	/ Karara	
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		EORPRINTI GR	A-CE 4 RACE	E.W	EST TO DATE OF BIRTH		ATE OF DEATH MO		2955 AM		
	To B	Emale IRTHPLACE (STATE OR FORE)	Wh.	te WHAT COUNTRY? 8	Dec 18,	899	82	YRS	AYS HOURS MIN.		
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35	130.5	ND	OME OR OTHER INSTITUTION COUNTY		SSION) 13d. INSIDE CITY		REET ADDRESS	mood			
2	14 FA	ATHER'S NAME	WIDDIE	Finkle	15. MOTHER'S M	AIDEN NAME	WIDDIE		LAST		
		VAS DECEASED EVER IN L YES COOR UNKNOWN) (IF	J.S. ARMED FORCES? YES, GIVE WAR OR DATES)	166 SOCIAL SECURITY	8DMrs.C	harles	Sadler	27 Ast Arnolo	croft C		
		18 CAUSE OF DEATH IE PART I. DEATH WAS O	nter anly one cause per CAUSED BY: AEDIATE CAUSE (a)	line for (a), (b), and (c)	arr	ext		BETW	PROXIMATE INTERVAL GEN ONSET AND PEATH		
Ĭ		Canditions, if any, wh	ich ((b) /	BAS A CONSEQUENCE	of E CA	rget	ru	9			
		gove rise to immedicause (0), stating underlying cause lo		RASA GONSEQUENCE	I fai	lun		4	4 ~.		
	NOI	PART 2 OTHER SIGNIFIC	CANT CONDITIONS CO	ONTRIBUTING TO DEAT	H BUT NOT RELATED TO	THE TERMINAL D	ISEASE OR CONDIT	ION GIVEN IN PAR	T Iro		
2	CERTIFICATION	19a DATE OF OPERATION		ITION FOR WHICH OPE	RATION WAS PERFORM	ED 200 YES	_ \	Ob. IF YES, WERE FIR N CERTIFYING CAL YES	NDINGS USED USES OF DEATH?		
		21a. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUSE (IF EITHER, NOTIFY MEDICALE)	OF DEATH HOUR A.		YEAR	RY OCCURRED (EN	STER NATURE OF INJURY II	N ITEM 18 PART I OR PAR	7 2)		
	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE		211. LOCATION		CITY OR TOWN	COUNT	Y STATE		
		22a. I certify that (I) (this saw the deceased al		Yr 1082	, and that in (my) (au	19 6 , to ir) apinian death o	ccurred an the date		, that (1) (we) last the causes stated		
		Frank	msle	they :	DEGREE ATTE	ENDING MED	ICAL STAFF CTOR PHYSICIA	7	29.82		
1		22d. PHYSICIAN'S NAME	S171	PLEY	22e ADDRESS	nno	eno	hi :	ud.		
	23a B	BURIAL, CREMATION, REM	Mar. 3	31.1982 Ce	dar Blu	ff f	OCATION CITY OR TOWN	ds All	30/2001		
	24 FL	Sho M. Ta	vlor & S	ons-Ann	apolis MD	2 NO RET D	1BY 1960 SZRAR 25	MONSTRAY STO	NATURE		

THE RELEGIES WHENTED TO THE STORY and the second of the second o THE PROPERTY OF THE PARTY Committee Commit STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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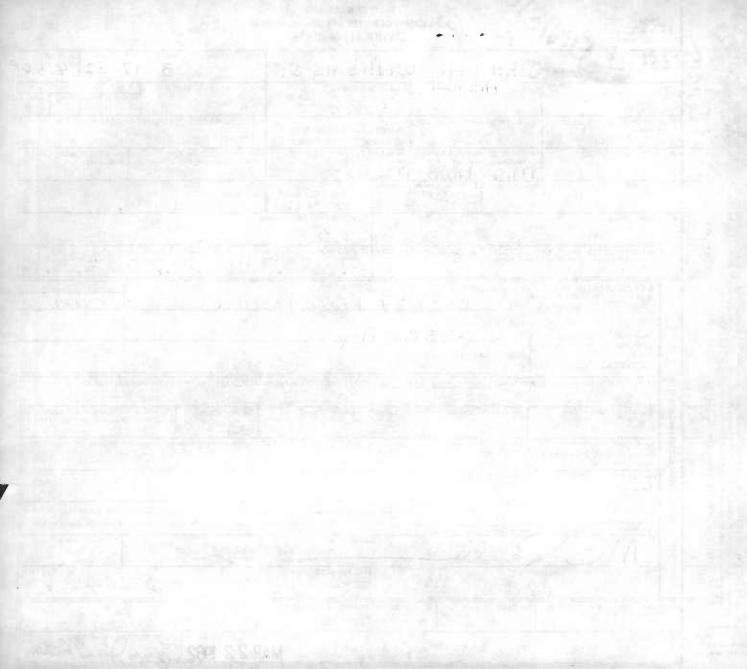
DHMH-16 25M

(VRA 15, 4) 1/79

REGISTRAR REG. NO. 1. DECEASED NAME 24. DATE OF DEATH MONTH 26 HOUR 82 & AGE (IN YEARS LAST BIRTHDAY) IF UNDER LYEAR IF UNDER 24 HRS MONTHS DAYS HOURS BALTIMORE CITY OR COUNTY OF DEATH Anne Arundel 12a. USUAL OCCUPATION 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY dairy 938 Longview Ave. Williams 219th St. Mr. John H. Williams, Jr., Pasadena, Md. APPROXIMATE INTERVAL PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) 20h. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [NO [21¢ HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2 CITY OR TOWN COUNTY STATE and that in (my) (aur) opinion death accurred on the date and haur and from the causes stated 22c DATE SIGNED STAFF PHYSICIAN DIRECTORY PHYSICIAN Maryland Manor Nursing Home, Glen Burnie, Md. 3/20/82 Salisbury, Wicomico, Maryland Burial Parsons Cemetery 24 FUNERAL DIRECTOR 25a. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATUR HOLLOWAY FUNERAL HOME, Salisbury, Maryland

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE



101		FOR	DEPAR		F MARYLAND LTH AND MENTAL HYG	IFNE & 2	0.5.	5 7		
4	1 -	STATE REGISTRAR	CERTIFICATE OF DEATH REG. NO.							
· E		CEASED NAME FIRST	MIDDLE	LAST		26. DATE OF DEATH	AONTH DAY YEAR	26. HOUR		
9	3 SE	MARY	RACE _	WRIGI S. DATE OF E		6. AGE (IN YEARS LAST BIRTH	3/6/82	JFM N		
-	3 35	F	B	MONTH	1 12 1 95	87	MONTHS DAYS			
33		RTHPLACE (STATE OR FOREIGN 7)	U.S.A	? 8 MARRIED [WIDOWED [NEVER MARRIED DIVORCED	9 BALTIMORE CITY OF	COUNTY OF DEATH	WE		
\$0	10. CI	Bay Manur	1. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STREET)	T ADDRESS)	Sing Hume	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF	WORKING LIFE) INDUSTRY	of business or		
Series Park	13a. S	AL RESIDENCE (IF NURSING HOME OR O TATE 134 COULT	THER INSTITUTION, GIVE RESIDENCE BEFOR Y 131 SITY OR TO	wine 13	d. INSIDE CITY LIMITS?	13. STREET ADDRESS 8312 Dys.	on Ruad	206/3		
000	1	THEOS NAME FIRST MI DENJIMAN	DDLE CLAST	5	George Anna	WIDDLE	mî	ence		
T medicol	16a V	(IF YES, GIVE V		4279 E	INFORMANT Ellenora Bra	Stord, P.U.1.	Box 44 Lexing	ton Rock M		
or other troumotic event, if		PART I. DEATH WAS CAUSED IMMEDIATE Conditions, if any, which gove rise to immediate cause (o), stoting the underlying cause lost.			Pentre Se	est Dre	an			
to bur	NOI	PART 2 OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING TO	DEATH BUT NO	OT RELATED TO THE TERMI	NAL DISEASE OR COND	PITION GIVEN IN PART 1	101		
permit.	CERTIFICATION	190. DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION WAS PERFORMED			200. AUTOPSY? 200. IF YES, WERE FINDING IN CERTIFYING CAUSES O YES YES YES				
Item 18 sho		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH I		Ic. HOW INJURY OCCURR	ED (ENTER NATURE OF INJUR	Y IN ITEM 18, PART 1 OR PART 2)			
morked or	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE		If LOCATION STREET	CITY OR TOW	n county	STATE		
tem 21 is mo		22a.1 certify that (I) (this hospital saw the deceased alive an above, (I) (we) (did) (decent)	3.6. 19	282 and 1	that in (my) (our) opinion of	, to		that (I) (we) los couses stated SIGNED		
e State De		22d. PHYSICIAN'S NAME (TYPE OR		N	1 - DATTENDING PHYSICIAN E	MEDICAL STAF		6/82		
with the State		C-V.CY	RIAC		GURNB	aRNIZ	MO 2	1061		
> <		BL CAL	3-10-92 5	NAME OF CEM	is Ch. Cem.	23d. LOCATION PITY OR TOWN	COUNTY P. G	STATE		
∧ <i>7/7</i> 7 I))	24. FU	INERAL DIRECTOR	ADDRESS	M	O O MAR		Sh. REGISTRAR'S SIGNA	JURE az Clan		

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO FIRST DECEASED NAME 20 DATE KNOWN 2h HOUR (TYPE OR PRINT) ESTI-John Zubalik IV DEATH MATED 82 10 19 4 RACE 5. DATE OF BIRTH 6. AGE (IN YEARS | IF UNDER 1 YR. IF UNDER 24 HRS 2d. HOUR DATE AST BIRTHDAY) PRONOUNCED male white 19,1966 1.82 14 4:00 Aug. 76. CITIZEN OF WHAT COUNTRY? O BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED & Mary land U.S.A. Anne Arundel County DIVORCED IO. CITY OR TOWN OF DEATH II. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS FOR MOST OF WORKING (IFE)
Student Glen Burnie between LindsayDale & Rt 100 USUAL RESIDENCE (IF IN NURSING HOME OF OTHER IN 130. STATE Md. Anne Arundel Glen Burnie 13d. INSIDE CITY LIMITS? 257 Glengary Garth NO IX 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Odle John Zubalik Marie Jacqulline III 17. INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO (YES, NO, OR UNKNOWN) John Zubalik III 910 Ashbridge Dr. Apt F no 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Gunshot wound of head Weapon: Rifle IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 IR 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? DEPARTMENT OF HI YES XX NO 21g EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 1/10 19 82 found dead 21. PLACE OF INJURY 211. LOCATION 21d INJURY OCCURRED WHILE AT WORK wooded area betweenLindsay Dale&Rt#100.GlenBurnie.AACo.MD TO MEDICAL EXAMINER: THIS EXECUTE THE CERTIFICATE, WR PAGE 4 SHOULD BE FORWAR TO FUNERAL DIRECTOR: PAGING PATIRE DEATH, WITH THE STATIR BAILTIMORE, MARYLAND, 2120 22a I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry and in my apinion Hamicide Undetermined manner TITLE (SPECIFY) M.D. Assistant MEDICAL EXAMINER SIGNATURE Hormez R. Guard, M.D. EXAMINER'S NAME 111 Penn Street, Balto., MD 21201 TYPE OR PRINT 230. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY Cremation Westview, Md. 3/16/1982 Westview Memorial 24 FUNERAL DIRECTOR Balto., Md. 21225 250. DATE REC'D. BY REGISTRAR 256 REGIS **DHMH-17** George J. Gonce F.H. 4001 Ritchie Hgwy. (VR A 15 ME (5) 15M 2/80

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